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ABSTRACT

The manual is intended to help Florida school districts provide educational programs for mentally handicapped students. An introduction traces the history of services to this population in Florida. State regulations are then cited along with procedures for determining student eligibility. Subsections address definition, eligibility criteria, screening and referral, student evaluation, placement and eligibility decisions, dismissal or reassignment, and program organization. The second major section focuses on instructional procedures, with attention to the following aspects: teacher requirements, teacher competencies, instructional program, supportive services, facility provision, transportation utilization, and program evaluation. The final section examines issues in integrating community and support services. Appendices contain requirements for certification in mental retardation, charts of process components in the program model, abstracts of agency programs, a chart of requirements for diplomas and certificates, and a listing of Mental Retardation Steering Committee members as of 1982. (CL)

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A RESOURCE MANUAL FOR THE DEVELOPMENT AND EVALUATION OF SPECIAL PROGRAMS FOR EXCEPTIONAL STUDENTS

Volume II-B: Mentally Handicapped

FLORIDA DEPARTMENT OF EDUCATION
Ralph D. Turlington, Commissioner
Tallahassee, Florida
Affirmative action/equal opportunity employer

THIRD REVISED EDITION
JUNE 1983

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BUREAU OF EDUCATION FOR EXCEPTIONAL STUDENTS

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RESOURCE MANUALS

Laws and Rules

___ Volume I-B: Florida Statutes and State Board of Education Rules: Excerpts for Programs for Exceptional Students, 1982.

___ Volume I-C: Federal Laws and Regulations Pertaining to the Education of Exceptional Students - P.L. 94-142, Sec. 504, and P.L. 89-313, 1982.

___ Volume I-E: Florida Statutes and State Board of Education Rules: Florida School for the Deaf and the Blind - Florida Department of Health and Rehabilitative Services, 1980.

Program Manuals

___ Volume II-A: Visually Impaired

___ Volume II-B: Mentally Handicapped, 1982.

___ Volume II-C: Speech and Language Impaired, 1979.

___ Volume II-D: Hearing Impaired: Deaf and Hard of Hearing

___ Volume II-E: Emotionally Handicapped, 1981.

___ Volume II-F: Specific Learning Disabilities, 1980.

___ Volume II-G: Gifted, 1980.

___ Volume II-H: Homebound/Hospitalized, 1980.

___ Volume II-I: Physically Impaired, 1977.

___ Volume II-J: Occupational and Physical Therapy, 1982.

___ Volume II-K: Deaf-Blind, 1982.

(continued on inside back cover)

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This Resource Manual is one in a series of publications developed to assist Florida School Districts in the provision of special programs for exceptional students. For additional information on this or other publications, contact the FDLRS Clearinghouse/Information Center, Bureau of Education for Exceptional Students, Division of Public Schools, Department of Education, Tallahassee, Florida, 32301.

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FOREWORD

Through the provision of state funds by legislative action, the people of Florida have indicated their desire to meet the special education needs of exceptional students. The Florida Department of Education is ready to cooperate with parents, teachers, school administrators, other agencies, and interested citizens in an effort to establish instructional programs for exceptional students as the local community may need.

The right of an exceptional student to a free public education must be fully implemented. This Resource Manual should assist local school systems in developing appropriate procedures to provide those special arrangements which will enable the exceptional student to make greater progress toward optimal growth and development.

It is hoped that this Resource Manual will help bring clarity and direction to educational planning for exceptional students in Florida and be broad enough in scope for the varying needs of the individual and the community.

INTRODUCTION

Mental retardation was first recognized by the Florida Legislature as an area requiring special instructional programs in 1945 when the 1941 law which provided for programs for physically impaired students was amended to include instruction and facilities for students who are mentally retarded. Since that time, Florida has assumed the responsibility for providing appropriate public school programs for educable mentally retarded students. Programs for trainable mentally retarded students were added in 1968 and for severely and profoundly retarded students in 1974.

During the past thirty-eight years, many changes have occurred to influence the programs for mentally retarded students. In Florida the period from 1958-1968 was one of slow growth. Major concerns centered around teacher training, curriculum development, and development of special materials and methods. A period of rapid growth began in 1968 when the Florida Legislature, in special session, mandated that all exceptional students be provided an appropriate program of special education by 1973. A further impetus was added by a legislative allocation of $16,000,000 for the construction of specialized facilities. The number of students in programs for educable and trainable mentally retarded students increased from 14,886 in 1965-66 to 33,112 in 1973-74.

Florida had made alternative placements for mentally retarded students available from the beginning of the program. In 1965-66, for example, 18% of the educable mentally retarded students were being educated in resource rooms part time and regular classes part time. Nationally, however, a concern began to grow as to the most appropriate placement for mildly handicapped students, and in 1973, the American Association on Mental Deficiency (AAMD) amended its definition of mental retardation to exclude the borderline student and only include persons whose performance is two or more standard deviations below the mean (usually, IQ below 70) on a standardized assessment of intellectual functioning associated with a deficiency in adaptive behavior.

In 1974, the Bureau of Education for Exceptional Students, Florida Department of Education, in response to requests from Florida's school districts for a more specific guide in planning and implementing programs for mentally retarded students, invited a task force to develop such a guide. The task force, funded through an EHA VI-B grant, consisted of over 100 persons notable in the field of mental retardation and related disciplines. Guidelines 1975: Volume II-B - Development and Evaluation of Programs for Mental Retardation was developed by the task force and has been a useful tool for district personnel. One recommendation of the task force was that Florida adopt the 1973 AAMD definition of mental retardation because of its emphasis on adaptive behavior as well as intellectual assessment in diagnosing mental retardation, and because its adoption would promote effective interagency cooperation since so many agencies do accept the definition. The State Board of Education's subsequent adoption of the new AAMD definition led to a change in eligibility criteria and placement procedures for programs for the mentally retarded.

A second major national change in the field, exemplified by the landmark decision in the PARC (1971) case, was the inclusion of severely and profoundly retarded students as a responsibility of the public school system. Although some students in the range of severe and profound retardation were being served in programs for trainable mentally retarded students, Florida officially recognized education of the severely and profoundly retarded as a responsibility of the public school system in 1974 when the Legislature expanded the definition of mental retardation to include this population. The 1974, 1975 and 1976

Legislatures provided transitional categorical funds for the development of programs for severely and profoundly retarded students annually over a three-year phase-in period and mandated 1977-78 as the year when all severely and profoundly retarded students would be provided an appropriate public school education.

Thus, from 1974 through 1978, the population eligible for programs for the mentally retarded shifted from a range of IQs approximately between 25 and 75 to a range of approximately 0 to 70 IQ.

The third major influence on programs for mentally retarded students has been the concern that identification and assessment procedures provide assurance that unfair discrimination on the basis of race or culture does not exist. Attempts to keep assessment nonbiased have resulted in the mandatory expansion of student evaluation to include adaptive behavior and academic, physical, and sensory evaluations, as well as a psychological evaluation. Most recently, landmark federal legislation has focused attention on due process and human rights.

Another milestone for the education of mentally retarded students in Florida was reached in 1980. House Bill 1327, which was passed by the 1980 Legislature, transferred the responsibility for educational programs for residential clients from Health and Rehabilitative Services to the Department of Education. This act enables residential students to receive full educational services equal to those available to all public school students and makes a free appropriate public education truly a reality for all students.

In this 1982 revision of Volume II-B, the Bureau would like once again to recognize the contribution of the original task force and express appreciation for its efforts and interest. The Bureau would also like to give special thanks to the members of the State Steering Committee for Mental Retardation who provided technical assistance for the revision. The steering committee members are listed in Appendix E.

The purposes of this resource manual are:

1. To provide information regarding general considerations for development and evaluation of district programs for exceptional students.

2. To provide information specific to program development and evaluation for each area of exceptionality.

3. To serve as a vehicle for planning and communication among the exceptional student staff, school principals, parents, and other education and community programs within a district.

The intent of Volume II-B is to provide Florida's school districts with recommendations and suggestions for the development, management, and evaluation of programs for the mentally handicapped. This volume is organized in a format similar to the district procedures outline. The Florida State Board of Education Rules are stated at the beginning of most of the sections in script type to allow the reader to easily distinguish them. Following the rules, in regular type, are recommended best practices and procedures for implementation of the rules and for the development of district procedures. Florida Administrative Code will be referred to as FAC, and federal regulations will be referred to as FR.

SECTION ONE

SECTION ONE: STUDENT ELIGIBILITY

I. DEFINITION

Rule 6A-6.3011, FAC: Special programs for students who are mentally retarded.

(1) Mentally retarded--one who is significantly impaired in general intellectual functioning concurrent with deficits in adaptive behavior which are manifested during the developmental period. For purposes of funding, mentally retarded students shall be classified as:

(a) Educable mentally retarded--one who is mildly impaired in intellectual and adaptive behavior and whose development reflects a reduced rate of learning. The measured intelligence of an educable mentally retarded student generally falls between two (2) and three (3) standard deviations below the mean and the assessed adaptive behavior falls below age and cultural expectations.

(b) Trainable mentally retarded--one who is moderately or severely impaired in intellectual and adaptive behavior and whose development reflects a reduced rate of learning. The measured intelligence of a trainable mentally retarded student generally falls below the mean and the assessed adaptive behavior falls below age and cultural expectations.

(c) Profoundly mentally retarded--one who is profoundly impaired in intellectual and adaptive behavior and whose development reflects a reduced rate of learning. The measured intelligence of a profoundly retarded student generally falls below five (5) standard deviations below the mean and the assessed adaptive behavior falls below age and cultural expectations.

Note: The 1982 Legislature amended the terminology mentally retarded to mentally handicapped. It is anticipated that all references in State Board of Education Rules will be amended to be consistent with the law. It is recommended that districts begin using the term handicapped to replace the term retarded.

II. CRITERIA FOR ELIGIBILTY

Rule 6A-6.341(2)(a), FAC: Define operationally the criteria for the eligible student group consistent with state board rules.

Rule 6A-6.3011(2), FAC: A student is eligible for a special program for the mentally retarded if for the student:

(a) The measured level of intellectual functioning, as determined by performance on an individual test of intelligence, is two (2) or more standard deviations below the mean. The standard error of measurement may be considered in individual cases. The profile of intellectual functioning shows consistent sub-average performance in a majority of areas evaluated;

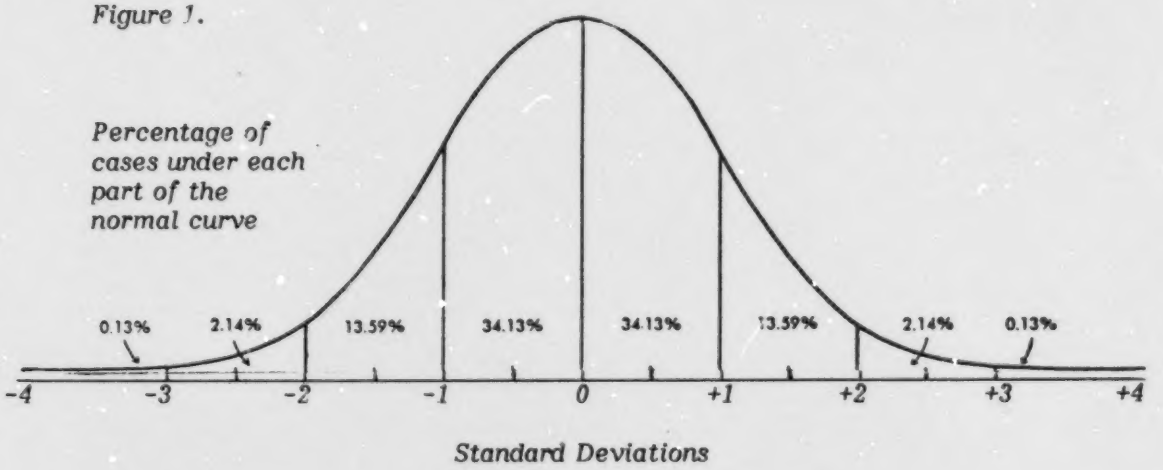
(b) *The assessed level of adaptive behavior is below age and cultural expectations; and*

(c) *Sub-average performance on an individually administered standardized test of academic achievement for the appropriate age level is demonstrated. A behavioral observation or criterion referenced test for a student whose level of functioning is not appropriately measured by an academic test may be substituted.*

Explanation of Terms

Standard Deviation: A measure of the variability of a distribution of scores. Defining mental retardation in terms of two standard deviations below the mean is one way of saying that approximately 2.3% of the population who score lowest on a standardized test of intelligence are classified as mentally retarded. The standard deviation for any standardized test is given in the test manual. Figure 1 depicts a normal distribution of scores and shows the IQ score which would be indicated by two standard deviations on the Wechsler and Stanford-Binet intelligence tests in that normal distribution.

Figure 1.



A student scoring 70 or below on the Wechsler or 68 or below on the Stanford-Binet would meet one of the criteria to be eligible for a special program for the mentally handicapped.

Standard Error of Measurement (SEM). A statistic for estimating the possible magnitude of the "error" present in some obtained measure. If the same student were given an intelligence test several different times, his score would vary by chance from time to time. This variation is called the standard error of measurement and should always be taken into consideration in making placement decisions. SEM is given in the test manual for all standardized tests.

Examples of Standard Error of Measurement

Standard Errors of Measurement of the IQs, by age (68% Confidence Level):

	Age Group					
WISC-R	6½	7½	8½	9½	10½	11½
SEM (Full Scale IQ)	3.41	3.39	3.23	3.14	3.21	2.98
WISC		4.25			3.36	

	Age Group					
						Average
WISC-R	12½	13½	14½	15½	16½	SEM
SEM (Full Scale IQ)	2.96	3.23	3.15	3.19	3.16	3.19
WISC		3.68				

	Age Group					
Stanford-Binet (IQ 60-69)	2½-5½	6-13				14-18
SEM	4.9	2.8				2.4

If the SEM on a particular test, for example, were 4 and a student scored 70 on the test, the true score probably would lie between 66 and 74. When scores are recorded which fall out of the appropriate standard deviation ranges, documentation in both psychological reports and staffing summaries should be included to explain discrepancies. Explanations might include references to standard error of measurement confidence intervals.

Adaptive Behavior

Adaptive behavior is defined as the effectiveness or degree with which the individual meets the standards of personal independence and social responsibility expected of his age group, cultural group, and community.

Because the skills necessary for attaining personal independence and social responsibility generally occur developmentally, the behaviors which might be expected are influenced by the student's age.

During the preschool and early elementary years, emphasis would be in the areas of:

1. Sensory-motor skills development
2. Communication skills (including speech and language)
3. Self-help skills
4. Development of the ability to interact with others

During the late elementary and junior high years emphasis would be in the areas of:

1. Applying academic knowledge to daily living
2. Participation in group activities and interpersonal relationships
3. Communication skills

During the senior high and adult years emphasis would be in the areas of:

1. Vocational skills
2. Social responsibility and performance
3. Communication skills

These areas of emphasis are based upon the normal developmental pattern of growth, progressing from learning simple skills to learning more complex behaviors. A deficit in adaptive behavior would exist when the behavior of an individual fails to develop as expected.

III. PROCEDURES FOR SCREENING

Rule 6A-6.341(2)(b), FAC: Screening is that process by which a rapid assessment is made of a given population to obtain potential candidates who may fit a particular profile. . . .

A. In-School Screening

Each school district is responsible for locating all students who may be eligible. The procedures used should include in-school screening which is a continuing process consisting of as many of the following as possible:

1. preschool screening
2. analysis of district test results
3. individual testing
4. observation by educational personnel
5. collection of anecdotal record and/or sample of classroom work

B. Community Screening

Community agencies and child find activities locate individuals within the community who are not presently receiving services but for whom services may be needed. District school personnel are encouraged to work cooperatively with community agencies in this effort. All individuals found by agencies should be reported to the school district as required by Section 232.13, F.S. In addition, parents or other individuals within the community may refer children for services.

Procedures should include a definition of the population to be screened, the persons who will do the screening, and the times and places for screening. Parent permission is required before a screening instrument can be administered to an individual student.

C. Instruments for screening may include:

Test	Grade/Age	Publisher
California Achievement Test	Grades: 1.5 - 12	McGraw-Hill
California Test of Mental Maturity	Grades: K - 16	McGraw-Hill
Cognitive Abilities Test	Grades: K - 3	Houghton Mifflin
Comprehensive Test of Basic Skills	Grades: 2.5 - 12	McGraw-Hill
Denver Developmental Screening Program	Ages: 2 weeks - 6 years	Ladoca Projec and Publishing Foundations, Inc.
Metropolitan Readiness Test	Grades: K - 1	Harcourt, Brace, Jovanovich
Otis-Lennon Test of Mental Ability	Grades: K - 12	Harcourt, Brace, Jovanovich
Peabody Picture Vocabulary Test	Ages: 2.5 - 18	American Guidance Service, Inc.
Pennsylvania Training Model	(For severely retarded and multiply handicapped	Council for Exceptional Children
Screening Test of Academic Readiness (STAR)	Grades: P - K Ages: 4 - 6.5	Priority Innovations, Inc.
Slosson Intelligence Test	Ages: 2 weeks and over	Slosson Educational Publications, Inc.

When results from screening indicate that a student may have an educational problem which can best be addressed in an exceptional student program, the student should be referred for evaluation.

IV. PROCEDURES FOR REFERRAL

Rule 6A-6.341(2)(c), FAC: Referral is the process whereby a parent or guardian, school personnel or appropriate public agencies may request assessment of the abilities of a student. . . .

After holding parent conferences and observations and trying educational alternatives, if it is determined that a problem may exist which would require specialized assistance, parents are informed. When parental permission for evaluation is obtained, the appropriate next steps will be planned. These steps may include a request for a comprehensive individual evaluation of the student's problem or referral to an agency.

Once a referral is received by a school district, it must be appropriately processed. Each school district is responsible for the development of procedures for processing referrals. Such procedures should consist of the following:

1. Determining sources of referrals.
2. Determining the person responsible for receiving the referral.
3. Informing all appropriate persons that the referral has been received.
4. Recording data such as date referral was received; source of referral, and nature of the referral.
5. Recording action taken on the referral such as date action was taken, and reporting action taken to submission source.

Forms: Standard referral forms should include, but not be limited to, the following:

1. Name, position, and signature of person making referral
2. Reason for referral (description of student's behavior)
3. Date of referral
4. Summary of cumulative academic experience
5. Alternatives tried
6. Screening data
7. Data from observations
8. Evidence of informed parental consent for evaluation, in accordance with Rule 6A-6.331(7)(a)2, FAC.

V. PROCEDURES FOR STUDENT EVALUATION

Rule 6A-6.341(2)(d), FAC: Evaluation is the determination of a student's physical, mental, emotional, social or learning abilities, utilizing professional assessment, appraisal or diagnosis. . . .

When it is determined from a review of referral data that further assessment is needed, a comprehensive individual evaluation is conducted.

Rule 6A-6.3011(3), FAC: Procedures for student evaluation. The minimum evaluations for a student shall be:

(a) An appraisal of sensory functioning including vision and hearing assessment, and speech and language screening

(b) A standardized test of academic achievement at the appropriate age level and administered individually

(c) An adaptive behavior assessment

(d) A standardized individual test of intellectual functioning individually administered by a professional person qualified in accordance with Rule 6A-6.331(1), FAC

Evaluation procedures should include:

1. the assignment of responsibility for the evaluation procedures,
2. the securing of parent permission to test prior to the evaluation, and
3. a description of procedures for re-evaluation and frequency of re-evaluation.

If the problem appears to be one that is primarily behavioral, an appraisal of the individual's functioning within the school, home and community may be made as the first step. The appraisal may involve acquiring developmental and educational histories and observational data on adaptive behavior. The services of support personnel such as psychologists or social workers may be needed to obtain the data and to provide the behavioral management plan. If the problem is correctable through behavioral management, no further evaluation may be necessary.

Note: Documented behavioral observations or criterion referenced tests may be substituted for a standardized test of academic achievement for students whose level of functioning is not appropriately measured by an academic evaluation (see Rule 6A-6.3011(2)(c), FAC).

The first step of an evaluation sequence should include an assessment of hearing, vision, speech and language, or a medical examination. If the student's problem is correctable through therapy, sensory aids, or medical treatment, no further evaluation may be needed. Also, if sensory impairments are found, they must be considered in choosing evaluation instruments for other areas such as academic and cognitive functioning.

If the data from the referral suggest that an intellectual assessment is necessary, a request for a psychoeducational appraisal is the first step in the evaluation

sequence. If the problem is correctable through a program alteration in regular education, no further evaluation may be needed.

In the event that the problem is not determined by the evaluation sequence, referral should be made to an appropriate specialized diagnostic center.

Instruments used in evaluation may include, but are not limited to, the following tests. Instruments for special conditions such as profoundly handicapped are marked with an asterisk.

Vision Screening

Test	Grade/Age	Publisher
Snellen Eye Chart		
Titmus Vision Tester	Ages: 3 and over	Titmus Optical Company, Inc.
Keystone School Vision Screening	Grades: Primary - High	Keystone View

Hearing Screening

Audiological

Speech and Language Screening

Denver Developmental Screening Test	Grades: Preschool - Primary	University of Colorado Medical Center
Florida Language Screening System (FLASC)	Ages: K - 1	University of Florida
Kindergarten Auditory Screening Test (KAST)	Ages: K - 1	Follet
Predictive Screening Test of Articulation	Ages: Primary	Western Michigan University
Templin - Darley Screening	Ages: Preschool - Primary	Bureau of Educational Research and Services, University of Iowa
Washington Speech Sound Discrimination Test	Ages: 3 years - Kindergarten	Interstate Printers and Publishers, Inc.

Tests of Cognition

*Assessment in Infancy: Ordinal Scale of Psychological Development	Ages: 0 - 3	University of Illinois Press
Bayley Infant Development Scale	Ages: 2 - 30 months	Psychological Corporation
Cattell Infant Intelligence Scale	Ages: 2 - 30 months	Psychological Corporation
*Columbia Mental Maturity Scale	Ages: 3.5 - 9 years	Psychological Corporation
Developmental Pinpoints	Ages: 0 - 3	University of Washington
*Hiskey-Nebraska Test of Learning Aptitude	Ages: 3 - 17	Marshall S. Hiskey
*Leiter International Performance Scales	Ages: 2 - 18	Stoelting Company
McCarthy Scales of Chidren's Abilities	Ages: 2.5 - 8.5	Psychological Corporation
Nonverbal Test of Cognitive Skills	Ages: 5 - 13	Charles Merrill
Peabody Picture Vocabulary Test	Ages: 2.5 - 18	American Guidance Service, Inc.
*Preschool Attainment Record	Ages: 6 months - 7 years	American Guidance Service, Inc.
Stanford-Binet Intelligence Scale	Ages: 2 years and over	Houghton Mifflin Company
Wechsler Adult Intelligence Scale	Ages: 16 and over	Psychological Corporation
Wechsler Intelligence Scale for Children	Ages: 5 - 15	Psychological Corporation
Wechsler Intelligence Scale for Children - Revised	Ages: 6 - 16	Psychological Corporation
Wechsler Preschool and Primary Scale of Intelligence	Ages: 4 - 6.5	Psychological Corporation
Woodcock-Johnson Psychoeducational Part I, Tests of Cognitive Ability	Ages: 3 - Adult	Teaching Resources

Recommendation:

1. Documentation of the IQ range, the obtained score, and the standard error of measurement, in conjunction with a profile of consistent subaverage performance, constitutes a minimum description of intellectual functioning.

2. If observation of the student reveals that administration of a standardized intelligence test such as the Wechsler or Stanford-Binet would not be appropriate or would result in no score obtainable, other instruments which measure developmental age should be substituted.

Adaptive Behavior

Test	Grade/Age	Publisher
AAMD Adaptive Behavior Scale-Public School Version, 1969	Ages: 7 - 13	American Association on Mental Deficiency
AAMD Adaptive Behavior Scale-School Edition, 1981	Ages: 3 - 16	Publishers Test Service
**Supplement User's Guide AAMD ABS-PSV		Florida Department of Education
Burks Behavior Rating Scales	Grades: Preschool - Jr. High	Arden Press
Balthazar Scales of Adaptive Behavior	Profoundly Retarded Child or Adult	Consulting Psychology, Inc.
Children's Adaptive Behavior Scale	Ages: 5 - 10	Humanics Limited
Caine-Levine Social Competency Scale	Ages: 5 - 13 TMR	Consulting Psychology, Inc.
Camelot Behavioral Checklist	Grades: Jr. High - Adult	Edmark Associates
Developmental Task Analysis	Ages: 6 months - 9 years	Fearon Publishers
System of Multi-Cultural Pluralistic Assessment (SOMPA) (ABIC Portion)		Psychological Corporation
The TARC Assessment System	Ages: 3 - 16	H. & H. Enterprises, Inc.
Vineland Social Maturity Scale	Grades: Preschool - High School	American Guidance Service, Inc.

**The 1981 revision of the AAMD-SE contains Florida norms. Inservice training packets are available on the AAMD from Florida Diagnostic and Learning Resources Systems.

Recommendation:

Although a standardized test for adaptive behavior is not presently required, it is recommended. District-developed checklists vary widely in their quality. Some checklists are comprehensive, but many barely meet the state minimum requirement and are of little use in educational planning.

Academic assessment instruments include, but are not limited to:

Adaptive Behavior

Test	Grade/Age	Publisher
Durrell Analysis of Reading Difficulty	Grades: Preschool - Middle	Harcourt, Brace, Jovanovich
Gates-MacGinitie Reading Tests	Grades: 1 - 9	Teachers College Press
Spache Diagnostic Reading Scales	Grades: 1 - 8	California Test Bureau
Woodcock Reading Mastery Tests	Grades: 1 - 12	American Guidance Services, Inc.

Mathematics

Key Math Diagnostic Arithmetic Test	Grades: K - 7	American Guidance Service, Inc.
Stanford Diagnostic Arithmetic Test	Grades: Elementary	Harcourt, Brace, Jovanovich
Kramer Preschool Math	Grades: Preschool	Learning Concepts

Batteries including Math, Reading, and other Measures

Brigance:		
Inventory of Early Development	Ages: 0 - 7 years	Curriculum Associates, Inc.
Inventory of Basic Skills	Grades: K - 6	Curriculum Associates, Inc.
Inventory of Essential Skills	Grades: 4 - 12	Curriculum Associates, Inc.

Peabody Individual Achievement Test	Grades: Primary - Adult	American Guidance Service, Inc.
Wide Range Achievement Test	Ages: 5 and over	Guidance Associates
Woodcock Johnson Psychoeducational Battery - Part II, Tests of Achievement; Part III, Tests of Interest	Ages: 3 - Adult	Teaching Resources

Recommendation:

A behavioral observation or criterion referenced test may be substituted for a standardized academic achievement test for low functioning or very young students. The academic functioning must be documented in the student's record.

Medical Evaluation

Rule 6A-6.331(1)(a), FAC: The school board shall be responsible for the medical, physical, psychological, social and educational evaluations of students who are suspected of being exceptional students. . . .

The term medical evaluation refers to examinations necessary for educational purposes, and the district determines procedures and criteria. Medical examinations may be provided by county health departments, parents, or other agencies. However, if a medical evaluation is necessary for educational decision making and the examination cannot be provided through other sources, the school board has the responsibility of providing it. Criteria and procedures for providing a medical evaluation are determined by the district.

Re-evaluation

The purpose of a re-evaluation is to determine the continued eligibility of a student for a special program and to provide additional data for revision of the educational program.

The district may determine the components of the re-evaluation and should consider the most appropriate reassessment for each student. Although it is not necessary to administer the same battery of tests every three years, the considerations required by section 300.532 of P.L. 94-142 must be followed. These considerations are:

-- Assessment is carried out for all areas related to the suspected disability, including, where appropriate, health, vision, hearing, social and emotional status, general intelligence, academic performance, communicative status and motor abilities.

-- The evaluation is made by a multidisciplinary team or group of persons.

-- Tests and other evaluation materials are administered by trained personnel in accordance with the instruction provided by their producer.

It is not necessary to obtain parental consent for re-evaluations, but parents must be given notice that the re-evaluation is to be done.

VI. PROCEDURES FOR DETERMINING ELIGIBILITY AND PLACEMENT

A. Eligibility

Rule 6A-6.341(2)(e), FAC: Determining eligibility is the professional activity of reviewing evaluation information and matching it to the operational definition. . . .

If the identified student problem cannot be corrected by regular educational services, special education programming may be considered.

Procedures for determining eligibility must include:

(1) The designation of a staffing committee to review evaluation data and make recommendations concerning an appropriate placement which will meet the student's needs. The staffing committee must consist of a minimum of three professional personnel, one of whom must be the district administrator of the exceptional student education program or his/her designee. When a designee attends the staffing for the administrator of the exceptional student program, there should be written documentation that the designee has been assigned the responsibility either on a regular basis or for a particular staffing meeting. Such documentation can be included as part of the staffing form. Procedures for designating a person to act for the administrator in staffing meetings should be included in the district procedures document.

(2) The specification of additional personnel who will be involved in providing information or attending staffing meetings. Staffing committee personnel might include:

-- Administrator of exceptional student education, or designee (required)

-- Director of pupil personnel services, or designated authority

-- Director of elementary education, or designated authority

-- Consultant for mental retardation

-- School psychologist involved

-- Social worker

-- Teacher where student is enrolled

-- Principal where student is enrolled

-- Exceptional student education teacher(s)

-- Parent or guardian

-- Other case study personnel, e.g., HRS agencies such as Vocational Rehabilitation; Children, Youth and Families; etc.

-- At least one person who knows the child

A staffing committee may perform several functions, or there may be different committees which perform specialized functions (Ahr, 1970).

1. Eligibility staffing for all cases being considered for a special class or service, and periodic restaffing as deemed necessary.

2. Educational planning and treatment staffing for all cases deemed eligible for a special class for the purpose of planning instructional programming.

3. Articulation staffing for all cases being considered for transition between primary, intermediate, junior high and high school programs.

4. Dismissal staffing for the purpose of discussing cases in which there does not appear to be a need for continued special education of the type presently provided.

A review of all diagnostic data shall be made and compared with the previously stated definition of mental retardation to determine eligibility of that student and to develop an appropriate intervention plan. This review shall be conducted by the administrator of the exceptional student program with the assistance of a staffing committee. A written summary of the staffing should be made and should include the date, names of persons participating and recommendations made. An individual report should be prepared for each student's file.

Each student's parents or guardians shall be given a report of the staffing committee's recommendation for eligibility, shall be informed that they are entitled to a review of the determination, and shall be provided with the procedures for obtaining such a review.

Recommendation:

Although educational planning and treatment staffing for students deemed ineligible for a special class is not presently required, it is recommended for the purpose of planning alternative strategies within the general education program.

B. Placement

Rule 6A-6.341(2)(e)2, FAC: Placement is the professional determination of an eligible student's educational assignment based upon the student's assessed needs and consideration of program alternatives. . . .

Procedures for placement should include:

1. Designating the program administrator who is responsible for final determination of a student's eligibility.

2. Assuring that no student shall be segregated and taught apart from normal students until a careful study of the student's case has been made and evidence obtained which indicates that segregation would be for the student's benefit or is necessary because of difficulties involved in teaching the student in a regular class, in accordance with Section 230.23(4)(m)5, F.S.

3. Reviewing all data collected through the evaluation process. Data should include:

   a. observation data from appropriate sources, including teacher reports of observed behaviors and activities,

   b. results of sensory functioning and assessment, including vision, hearing and speech and language assessments,

   c. results of a health examination,

   d. results of an adaptive behavior assessment,

   e. results of a psychoeducational assessment including individualized intellectual assessment and achievement test data, and

   f. if applicable, additional information from appropriate specialized diagnostic centers.

4. Developing an individual educational plan.

   After reviewing all data, the staffing committee should make a determination of the student's educational needs. When needs are determined, an individual educational plan is developed in compliance with Rule 6A-6.331(3), FAC.

   The individual educational plan must be developed within thirty (30) days of the determination of eligibility and prior to the provision of services and must contain:

   a. a statement of the student's present level of functioning,

   b. a statement of annual goals,

   c. a statement of specific special education and related services to be provided to the student and the extent to which the student can participate in regular classes,

   d. the projected dates for the initiation of services and anticipated duration of the services,

   e. short-term instructional objectives, and

f. appropriate objective criteria and evaluation procedures and schedules for determining whether short-term objectives are being achieved.

(See Appendix B for charts of the Process Components: Identification - Placement.)

VII. PROCEDURES FOR DISMISSAL OR REASSIGNMENT

Rule 6A-6.341(2)(g), FAC: Dismissal is the process whereby a student is removed from participation in a special program. Reassignment is the process whereby a student is placed in another program.

Procedures should include:

1. information requirements for dismissal described,
2. responsible professional for dismissal identified,
3. procedures for dismissal described,
4. information requirements for reassignment described,
5. responsible professionals for reassignment identified, and
6. procedures for reassignment described.

The student's individual educational plan will be reviewed at least annually and a decision made as to the continued appropriateness of the special program in which the child is placed. If the review indicates that changes are needed in the student's placement, the staffing committee should review data and recommend dismissal from the special program and reassignment to another program.

A student would also be dismissed when he/she has completed the program.

Graduation

Requirements for graduation are determined by the local school board; however, the State Board of Education has established minimum standards which must be included. For complete requirements, see Rule 6A-1.941, FAC: Minimum Student Performance Standards; Rule 6A-1.943, FAC: Modification of Test Instruments and Procedures for Exceptional Students; and Rule 6A-1.95, FAC: Requirements for High School Graduation.

Exceptional students have the opportunity to earn a standard diploma if they meet district and state requirements. However, a standard diploma is usually not a viable option for most students with mental retardation. Educable and trainable mentally handicapped students may earn a special diploma by completing the district-approved program and mastering the appropriate minimum student performance standards. Students who complete the district-approved program but do not master the minimum student performance standards may receive a special certificate of completion.

Procedures for promotion, retention and graduation should be included in each district's pupil progression plan.

(See Appendix D for chart of graduation options.)

VIII. PROGRAM ORGANIZATION

The district should provide a continuum of alternative placements for exceptional students so that an appropriate program of special education can be offered in accordance with Rule 6A-6.331, FAC. Alternatives may consist of:

1. basic class with supplementary consultation or special education services,
2. basic class supplemented by itinerant instruction or a resource room program,
3. special class, either full time or part time in a regular school,
4. special day school,
5. nonpublic residential or day school through a contractual arrangement or other written agreement,
6. special class in a hospital or treatment center, or
7. individual instruction in a hospital or home setting.

Prekindergarten programs for exceptional students may be organized in any of the above ways. In addition, the district may provide supplementary instructional personnel to public or nonpublic preschool or day care programs for the instruction of prekindergarten exceptional students. Programs may be provided for profoundly and trainable mentally handicapped from birth. Programs for educable mentally handicapped students may be available for those who are three years old by September 1 of the school year.

Programs may also be provided through multidistrict cooperatives.

Suggested caseloads are:

1. Basic class with supplementary consultation or special education services - Itinerant diagnostic/prescriptive specialist provides scheduled individual/small group instruction away from the regular class setting. The instructional strategies are designed to support the learner within the general framework of the regular curriculum. Other personnel may include counselors. Average teacher/pupil ratio: 1:30.

2. Basic class supplemented by itinerant instruction or a resource room - Learner spends specific time blocks in resource room on regular basis. Resource room personnel implement those instructional strategies determined by prescriptive specialist that will enable the learner to function within the regular curriculum. Other personnel may include a diagnostic/prescriptive specialist. Average teacher/pupil ratio: 1:20.

3. Part-time special class - Learner spends up to 50% of school day with special education teacher. Balance is spent in selected academics and/or enrichment classes (art, physical education, shop, home economics). Other personnel may include a diagnostic/prescriptive specialist and counselors. Average teacher/pupil ratio: 1:20.

4. Full-time special class - Learner spends entire day with special education teacher. Services of art, physical education, home and family living, music, and like personnel are available on a scheduled basis from regular program. Other personnel may include physical therapist, occupational therapist, vocational education teacher, vocational rehabilitation counselor, counselors, and itinerant specialists (speech, vision). Average teacher/pupil ratio: 1:13.

5. Special day school - Learner spends entire day in special facility staffed by special education teacher and necessary ancillary personnel. It is assumed that none of the learner's needs are met in regular facilities. Other personnel may include diagnostic/prescriptive team, specialized administration, medical personnel, social worker, and itinerant specialists (speech, vision). Average teacher/pupil ratio: 1:10.

6. Residential school - Needs of the learner are best served by implementing learning/living strategies under the direction of specialists in a residential facility. Personnel may include special class teachers, diagnostic/prescriptive team, specialized administration, medical personnel, specialized house parents, social workers, and foster parents. Average teacher/pupil ratio: 1:6.

7. Hospital school treatment center - Resources necessary to meet specialized learning and training objectives can only be found in a setting that provides both educational and medical services. Personnel may include special class teachers, diagnostic/prescriptive specialist, specialized administration, medical personnel, and social worker. Average teacher/pupil ratio: 1:6.

8. Home - Needs of the learner are best met by an itinerant special education teacher acting as a facilitator and evaluator of the instructional program as well as instructor. The parent facilitates the program through maintaining an appropriate environment. Other personnel may include consulting medical personnel and social worker. Average teacher/pupil ratio: 1:1.

SECTION TWO

SECTION TWO: INSTRUCTIONAL PROCEDURES

I. TEACHER REQUIREMENTS

See Appendix A for certification requirements in mental retardation.

II. TEACHER COMPETENCIES

University course work in teacher training programs should be based on demonstrated competencies for teaching the mentally handicapped. Additionally, competency requirements may be used for selecting staff, for assessing staff performance and for determining staff development needs. Competencies identified for teaching the mentally handicapped include the following:

A. knowledge and application of the principles of child and adolescent growth and development as it pertains to the normal child in maturation, learning and social development,

B. knowledge and application of the principles underlying the various exceptionalities as to how each relates to learning, maturation, and social development when compared to the normal,

C. knowledge of the nature of the task and the ability to teach the skill and content areas of reading, writing, spelling, arithmetic, elementary science, and social studies,

D. knowledge and application of the methodology necessary to select, develop and evaluate a sequential educational curriculum,

E. knowledge and skill at utilization of the prescribed and appropriate multimedia approaches to learning,

F. knowledge and experience in individualized educational assessment and evaluation techniques, both qualitative and quantitative,

G. knowledge and skills in the prescription of total life planning and habilitative and rehabilitative processes which include prevocational, vocational, and leisure time activities,

H. an understanding of the role, function, utilization, and interrelatedness of in-school/out-school ancillary specialists, including other professionals, aides, agencies, volunteers, parents, and paraprofessionals,

I. knowledge of evaluation and utilization of research as it relates to improvement of instruction and educational management of exceptional students,

J. skill in developing appropriate educational strategies for adapting methodology and curriculum to the individual instructional needs of the handicapped,

K. knowledge, skills and attitudes of appropriate management procedures for the intellectually disabled based on maturation, learning, and social development, e.g., behavior-shaping techniques, role playing, group processes, and counseling, and

L. knowledge and skills in large and small muscle activities, and basic homemaking, home mechanics and occupational activities.

III. INSTRUCTIONAL PROGRAM

Procedures for developing instructional programs should include:

A. Philosophy for the special program

The philosophy of education for students who are mentally handicapped should generally reflect the district's goals for regular education and should incorporate the state and federal requirements for special education programs. Educational programs should involve cooperation among parents, schools and support services and should emphasize self-help, social and daily living skills, as well as vocational preparation to assist the students in achieving maximum independence.

1. Educable mentally handicapped. Education for the educable mentally handicapped students should meet their individual needs in an instructional environment receptive to each student's strengths and weaknesses and should provide optimal learning in basic and exceptional education classes. Program goals should assure that each student attains economic independence through academic, vocational, and social competencies and that each student will become a contributing member of society.

2. Trainable mentally handicapped. Education for the trainable mentally handicapped students should reflect the wide range of ability levels of trainable mentally handicapped students. The long-range goal for trainable mentally handicapped students is successful semi-independent community functioning in a vocational environment. Realistically, however, many trainable mentally handicapped people will not achieve this goal either because of local and national economic conditions or because of their limited capabilities. Educational programming for the trainable mentally handicapped students should, therefore, reflect these realities and prepare students to function optimally not only in vocational placements, but also in sheltered workshops, activity centers, group living facilities, and their own family homes both with and without community support services.

3. Profoundly mentally handicapped. Education for profoundly mentally handicapped students should reflect district goals for programs that provide students the opportunity to become as self-sufficient as possible. Students should be prepared to function optimally in sheltered work situations when appropriate and in activity centers, group living facilities, and their own family homes both with and without community support services.

B. Curricula for the special program

Each school district should adopt or develop three sequential curriculum guides--one specifically designed for educable mentally handicapped students, one specifically designed for trainable mentally handicapped students, and one specifically designed for profoundly mentally handicapped students. These three guides should be approved and adopted for countywide use by the local school board to ensure continuity throughout each student's entire educational program. Each objective included in the adopted/developed curiculum guide should be directly correlated with a corresponding item in the accompanying assessment instrument, and that assessment instrument should be administered to each mentally handicapped student at least annually. The guides should correlate with and should include state minimum performance standards.

1. Educable mentally handicapped. The curriculum for the educable mentally handicapped should include basic academics, communication, social skills, daily living skills, leisure skills, self-help skills, sex education, fine and gross motor skills, and prevocational and vocational skills. At the elementary level, the curriculum should stress acquisition of readiness and basic academic skills as well as daily living skills. At the junior high level, the curriculum should stress academic skills, social skills, and career exploration with an opportunity to participate, where possible, in regular and vocational classes. At the senior high level, the curriculum should stress vocational preparation, social skills, economic competency, and family living skills. Opportunities to participate in vocational work experience or work study programs should be provided.

2. Trainable mentally handicapped. The curriculum for the trainable mentally handicapped student should emphasize self-help skills, daily living skills, social skills, leisure skills, communication skills, and vocational skills and also should include physical education, functional academics, sex education, art, and music, where appropriate. Additionally, the curriculum should be adapted or designed to include a gradual integration of the student into the community during the last four years of school and, during the last year of school, should include a gradual, supervised transition from school to a community setting that is appropriate to the needs and abilities of each individual student.

3. Profoundly mentally handicapped. The curriculum for profoundly mentally handicapped students should emphasize self-help, communication, and socialization skills. It is imperative that the educational program objectives be consistent throughout the support services of music therapy, speech therapy, occupational therapy, and physical therapy programs.

C. Vocational education for mentally handicapped students

The vocational education program that is most suitable to the needs of a specific mentally handicapped student should be accessible to that student and should provide the necessary support services or modifications that may be needed. A survey of community employment possibilities should be made

to determine what skills are in demand by local employers. Those skills must be built into the vocational education programs. For the educable mentally handicapped student, vocational preparation should be provided in the regular programs to the greatest extent possible. Vocational preparation should begin in junior high school with educable students, and prevocational experiences should be provided as early as possible. The profoundly mentally handicapped should be provided with the opportunity to learn skills leading to successful functioning in a sheltered work environment, when appropriate.

D. Methodology for the special program

Methodology might include:

1. individual instruction,
2. behavior modification,
3. directive and nondirective techniques, or
4. Modeling or organismic learning (direct carrying in imitation of another person).

IV. SUPPORTIVE SERVICES

Rule 6A-6.341(2)(j), FAC: Supportive services are media and material services, assessment, student services, parent education and counseling services, and treatment services.

Procedures should include:

A. identification of support services and
B. identification of responsibility for support services.

Examples of units furnishing support services are community agencies such as Health and Rehabilitative Services and Associations for Retarded Citizens and regular school services such as counseling, FDLRS, media centers, and local clinics. (See Appendix C for abstracts of agency programs.)

V. FACILITY PROVISION

To provide the appopriate instructional space needed to implement the program for the mentally handicapped, district personnel should consider the following procedures: (1) the selection of variable instructional space for all organizational options within the program and (2) the determination of health and safety factors that must be included in all spaces.

When district personnel plan specialized facilities for the mentally handicapped, the following procedures should be considered: (1) the selection of the appropriate organizational options for the students to be served and (2) the determination of site, design, furniture, and equipment to implement the instructional program.

The selection of variable instructional space is determined by the availability of program provisions both within general education and special education, including organizational options of regular class, part-time class, special class and special school.

Health and safety factors to be considered for all instructional space minimally include light, acoustics, and climate control.

1. Light. A sufficient quantity of light is important, as are many other factors such as glare, light distribution, and environment. Research suggests that cool white flourescent lighting may increase fatigue and stimulate hyperactive behaviors in students. Therefore, full spectrum flourescent lighting should replace cool white flourescent lighting where possible.

2. Acoustics. Facilities should be designed/adapted to provide acoustically appropriate educational environments. Sound control for particular areas should be determined based on the activity to be conducted in that area, and teachers (rather than administrators or architects) should be consulted to determine which type of educational activities should be conducted in which particular areas of a facility. The selection of materials for construction/renovation of a facility to house mentally handicapped students must be based on the acoustical properties of those materials. Certain open concept designs may be inappropriate for successful programming of mentally handicapped students. All classrooms for mentally handicapped students must provide quiet areas for auditory training, listening skills development, learning to follow directions, and other communication skills training. These quiet areas must allow the students to be free from distracting/competing auditory input. If such areas are not present in the facility, then carpeting, partitions, drapes, and walls may need to be added to provide an acoustically appropriate educational environment.

3. Climate control. Local climatic conditions will dictate the solutions to environmental conditions and remedies within an educational facility. Classroom discomfort will definitely hinder the learning process; therefore, optimum conditions for climate control should be made available. The control of these conditions should be determined by the health and activity level of the participants and outside factors of the environment.

   The goal is to provide the healthiest climate possible for the learner in all possible situations.

In designing special facilities for the mentally handicapped, the organizational options are described as instructional space for specific student programs as shown in Chart Two, page 30. A listing of furniture and equipment for these options follows.

1. Classrooms for the mildly handicapped. Furniture and equipment should not be fixed, but should lend themselves to flexibility.

   There is a need for tables and chairs which promote individualized instruction. Many electrical outlets should be provided to accommodate a variety of multimedia equipment. Some items that should be included are:

Chart Two

Size of Space and Occupant Design Capacity Criteria, SBER 6A-2.32, and Suggested Staff/Pupil Ratios in Programs for Mentally Retarded Students.

Levels of Retardation	Grade Levels	Organizational Options	Staff/Pupil Ratio			Minimum Net Square Footage	Related Space in Net Square Footage		Location	
			Students	Teachers	Aides	Per Student	Toilet	Storage	Toilet/ Bath	
Educable	N-6	Classroom	12	1	1	62	N-3	25		Near general education instructional area.
	7-12	Classroom	15	1	1	50		25		Near general education instructional area.
		Prevocational & Vocational Lab	12	1	1	95	30	240		Near regular vocational educational area.
Trainable	N-6	Classroom	10	1	1	75	40	25	As near class as possible 95	Near multipurpose area and as near regular school setting as possible.
	7-12	Classroom	15	1	1	50	40	25		
	All Levels	Cafetorium/ Gymnasium Multipurpose Rm.	Variable Per Number	—	—	Var. Per No.	—	200		Centrally located
Severe/Profound	N-12	Classroom	5	1	2	150	40	25	As near class as possible 95	Special school or classrooms near facilities for the trainable retarded.
		Physical Therapy Occupational Therapy Lab.	8	1	2	100	40	95		Centrally located.

Tackboard/chalkboard panels
Study carrels
Study chairs (lightweight)
Tables (trapezoidal, round, etc.)
Electric clock
Tape recorders
Sight/sound projectors
Projection screen
Language masters
Overhead projectors

2. Vocational laboratory (occupational) for the mildly handicapped. This area may reflect shop-oriented activities associated with minor automotive services, building maintenance, and landscape and nursery-type skills. Within this lab area, space should be made available for simple woodworking, minor electrical, minor plumbing, and minor mechanical activities. A large double door should be provided so that activities may be continued. Outlets should be strategically placed so that flexibility in shop activities may be provided. A survey of community employment possibilities should be made to determine what future employment possibilities exist for educable mentally handicapped graduates and to determine what skills are in demand by local employers. Equipment and materials should be purchased that will enable those skills to be taught to the students. Depending upon the employment possibilities in the community, the equipment may include:

   Tire changer, air compressor, gas pump, wheel balancer, air chisel, lube equipment, buffer for cars, car vacuum

   Power lawn mower, hedge trimmer, sidewalk edger, weed-eater, small garden tractor, wheelbarrow, lawn tools

   Floor buffer, vacuum cleaner, mop bucket, brooms, mops, cleaning supplies and equipment

   Cash register, credit card machine, price tags, inventory control sheets, change

   Gas range with double oven, short order grill, commercial dishwasher, sink with garbage disposal unit, deep fat fryer, gas wall oven with timer clock, refrigerator

   Clothes washer, clothes dryer, utility cart, laundry supplies (including bags, hangers, iron and ironing board)

   Beauty parlor sink, counter, chair, hair dryer, and shampoos and rinses

3. Domestic skills laboratory for the mildly handicapped. The domestic skills laboratory should contain all of the equipment needed to duplicate a person's home environment and allow the student to learn all of the domestic skills that are needed in everyday life. The domestic skills laboratory should be equally accessible to both males and females. The equipment may include:

Dishwasher

Sink with garbage disposal

Clothes washer, dryer, iron and ironing board

Housekeeping equipment, brooms, mops, vacuum cleaner, etc.

Refrigerator

Range and oven

Full set of dishes, flatware, pots and pans

Towels, hot pads, table linens

Sheets, pillow cases, bed

Table and chairs for dining

Furniture in living room setting for cleaning, polishing, arranging (including lights, wall hangings, etc.)

Sewing machines and necessary sewing equipment and materials

4. Classrooms for the moderately handicapped. The following items may be included:

Chairs, tables
Dishwasher, sink with garbage disposal
Clothes washer and dryer
Housekeeping equipment, brooms, mops, vacuum cleaner
Refrigerator/freezer
Range and oven
Full set of dishes, flatware, pots and pans
Sheets, pillow cases, table linens, towels, hot pads
Bed and bedroom furnishings
Living room furniture
Dining room table and chairs
Film projector, tape recorders, record player

5. Vocational laboratory for the moderately handicapped. The furniture and equipment for this area should reflect a trend toward preparation for vocational careers. At one level, it would involve equipment and furnishing of a prevocational nature and at a higher level, equipment and furnishings needed for actual vocational training. There would be, therefore, an overlapping of equipment needs at both developmental stages. The furniture and equipment for this area should reflect preparation for vocational careers in semi-independent settings. A survey of community employment possibilities exists for trainable mentally handicapped students. Equipment and materials should be purchased to teach those specific skills that will enable the trainable mentally handicapped student to obtain those particular jobs discovered in the survey.

Kiln

Long work tables

Landscape and agricultural tools (i.e., hoes, rakes, shovels, etc.)

Time clock

Portable jig saws

Shop vacuum cleaner

Work benches

Janitorial equipment (i.e., floor polishers, carpet shampooers, vacuum cleaners, etc.)

Hospital equipment (i.e., bed, night tables, wheelchair, etc.)

Sewing machines

3-way floor mirror

Home washers and dryers

Cutting board, table, etc.

Commercial washer and dryer

Commercial extractor

Laundry equipment, both home and commercial

Fully equipped kitchen with refrigerator, stove, etc.

Sanders (electric)

Hand saws (cross-cut, utility, etc.)

Work carrels

Multimedia equipment (i.e., projections, cameras, screens, etc.)

Filing cabinets

Primary typewriters

Simulated living room and dining room

Home-type bathroom area

Home-type bedroom area

Hair dryer, stand and shampoo basin

6. Classroom for the profoundly handicapped. The furniture and equipment for this area should promote sensory, physical, cognitive, and language development.

Sensory stimulative/manipulative items
Special eating utensils
Natural environment materials and equipment
Basic daily living skills equipment
Audio-visual aid equipment
Generic therapy equipment
Cots
Mirrors (attached to wall, meeting floor)
Stand-in tables
Adjustable tables and chairs
Mats for the floor
Wheelchairs
Motor development equipment
Bolsters, bean bag chairs
Record players, tape recorders
Communication boards
Vocational equipment as appropriate

7. Prevocational and activities area for the profoundly handicapped. Furniture and equipment for prevocational area and simulated sheltered work environment may be selected, when appropriate, from the items under vocational laboratory for the moderately and severely handicapped.

In designing special facilities for the mentally handicapped, the following items should also be considered.

1. Site. Site is very important from the standpoint of accessibility, noise control, pollution problems, and adequate drainage. Natural amenities and the size of the site should also be considered. Attention should be given to adequate parking, safe loading and drop-off zones, future building expansion, adequate playground/recreation space, and opportunities for interaction with regular class students.

2. Flexibility. Flexibility needs to become an integral part of the physical environment of a facility because one spece has to do many things and meet many objectives. The architect, in designing a facility for the mentally handicapped at any level, must take into consideration changing educational objectives and needs. Students have many individualistic needs and the facility should be designed so as to be able to meet these needs.

3. Codes, ordinances and zoning. Special adherence should be paid to laws and regulations concerning facility design as they apply to physically handicapped.

4. Interior surfaces. The selection of the materials for the walls, floors, ceilings, and other surfaces will be totally influenced by the activity that is to take place in that area. It is important the the architect take into consideration all the above surfaces and offer alternatives to design depending on the activity for the area.

5. Color. Color decision should be based on students' response to color, the purpose for which the area is to be used, the size, light exposure, and other physical characteristics of the area.

6. Ancillary areas. In specially designed facilities which are not attatched to an already existing structure, special consideration must be given to ancillary areas. Individualization of the planning and designing process to meet local needs must be considered; however, the following are suggestions that might be considered in planning a total facility:

Tutoring spaces

Napping and resting

Music

Indoor recreation

Observation

Staff lounge

Administration

Teacher preparation

Professional support (psychologist, speech therapist, social worker, community conference, health personnel)

Food preparation

Dining

Information concerning planning, designing, and constructing a facility for the mentally handicapped may be obtained from the Office of Educational Facilities Construction, Department of Education. This bureau has the capacity of surveying a district's needs, helping in the development of educational specifications, and reviewing architectural plans that can be helpful to a district in meeting the facility needs of the handicapped.

VI. TRANSPORTATION UTILIZATION

For the utilization of transportation services within the district, the administrator of the exceptional student program should consider two procedural steps for the transportation of students: (1) the use of basic transportation provisions existing in the district for those students who can ride the regular school buses and (2) the arrangement for special transportation for the handicapped students who cannot use existing transportation facilities.

Utilizing basic transportation already in existence may only involve a cooperative effort between the administrator of the exceptional student program and district personnel concerned with transportation. Such cooperation may include planning

for scheduling and routing. Consideration should be given to the length of time an individual student may be transported without suffering discomfort or ill health. If a shuttle system is used, supervision may need to be provided at the interim bus stop.

Arranging special transportation may require the addition of special equipment, such as safety belts and lifts, to existing vehicles. Aides may be needed to assist students who cannot ride unattended because of their physical impairments. When students are transported across district lines to a multidistrict program, agreements between cooperating districts need to be made.

Other transportation arrangements may include the use of small (type II) buses or reimbursement to parents or others for private transportation.

VII. PROGRAM EVALUATION

Rule 6A-6.341, FAC, states that district procedures for exceptional students shall include the philosophy for the special program and plans for the evaluation of the program.

Program evaluation is the process of determining whether the goals and objectives developed for the program have been achieved. In the final analysis, an educational program for students with mental handicaps must be evaluated in relation to the extent to which the students are prepared for survival, self-sufficiency, and contribution to society.

The process of evaluation includes the collection and use of information to make decisions about the educational program and should encompass both formative (in process) and summative (final product) evaluation. Planning should address:

1. who requires the information,
2. what information is needed to make decisions about the exceptional student program,
3. when the information is required, and
4. what use will be made of the information.

Types of information needed might include:

1. resources: money, time, facilities, teachers, learners, nonphysical (administrative attitudes), personnel support services,
2. activities: referral and placement procedures, staffing patterns, curriculum, instructional methods, integration with other programs, or
3. placement of Graduates: number of students employed and types of employment, community acceptance of graduates, number of graduates on welfare or other types of public assistance.

Types of assessment instruments or sources of data include:

1. follow-up studies of graduates (Section 230.2313(3)(d), F.S.),

2. results of State Student Assessment Tests,

3. Department of Education Audit Reports, Cost Reports, Annual Statistical Reports, and

4. informal feedback.

Evaluation of Screening, Referral and Evaluation Procedures

The ability of the district to evaluate the special program will depend on the availability of personnel to assist in collecting and analyzing data. Technical assistance may be needed to initiate and continue program evaluation plans. Such assistance might be obtained from the Department of Education, universities, private individuals, teacher education centers, and FDLRS.

To evaluate the effectiveness and efficiency of screening and referral procedures, the following information should be recorded at each school level and aggregated at the district level in several ways.

a. Total number of cases submitted, reviewed and routed
b. Analysis of case total by submission sources
c. Analysis of case total by new submissions and resubmissions
d. Analysis of case total by action decision (exit or refer)
e. Analysis of time lapse from referral to placement
f. Detected problems by type and frequency
g. Analysis of case total by minority group

To evaluate the effectiveness and efficiency of evaluation procedures, the following information should be recorded:

a. total number of cases referred and processed through the evaluation component,

b. total number of cases referred from the criteria for eligibility component to the eligibility component,

c. total number of cases which were dropped at each decision point and actually received adequate and appropriate services as well as those which did not receive such services,

d. total number of cases which are resubmitted by source, and

e. average time lapse per case through each step in the evaluation process.

An analysis of these data will enable the district to improve its evaluation procedures.

SECTION THREE

SECTION THREE: INTEGRATION OF COMMUNITY AND SUPPORT SERVICES

Interagency Coordination was an innovation in 1974, when this manual was first developed. Members of the task force on integration of community and support services met together for the first time to identify services offered, barriers and possible solutions to coordinating services. Since that time, interagency cooperation or linkage has become a very important part of delivery of services to exceptional students. Public Law 94-142 placed the responsibility with the Department of Education for ensuring that all handicapped children in the state receive a free appropriate education. This responsibility has been carried out through cooperative agreements, memoranda of understanding, development of State Board of Education Rules for educational services in the Department of Health and Rehabilitative Services and Florida School for the Deaf and the Blind, and the enactment of CSHB 1327, Chapter 79-184, Florida Statutes.

Interagency linkage was given additional support at the federal level by a joint memorandum from the Bureau of Education for the Handicapped and the Bureau of Occupational and Adult Education encouraging cooperative relationships between Special Education, Vocational Rehabilitation and Vocational Education to maximize services to handicapped individuals (USOE Memoranda, 1978).

Interagency linkages will become increasingly more important as monetary and other resources decrease. Effective delivery of services in the 1980's will depend on full utilization of available resources by eliminating duplication of services.

Linkages can only be established effectively when a dedicated individual or agency serves as a catalyst and when the responsibilities of each agency are clearly identified and assigned. In Florida, the Department of Education and public school system are the catalysts for interagency coordination. The public schools provide a setting where the needs of students with mental handicaps are assessed and where resources and services are made available to meet those needs.

Based on identified needs of the mentally handicapped and the availability of resources within a given district, a district administrator of the exceptional student program may, with the assistance of school or agency personnel, develop procedures for the coordinated delivery of these resources. Mimimally, the procedures needed to establish a coordinated delivery system are (1) information exchange, (2) system development, and (3) staff training.

Information Exchange

Since an exchange of information between agencies is vital in establishing communication, the following activities are suggested.

1. Locating representatives of community service agencies with whom the coordinating of activities and sharing of information can take place

2. Addressing efforts toward collecting all available written data on existing resources within the district

3. Determining whether there is a coordinating body already functioning and, if so, becoming involved with it

4. Meeting with significant persons to explore, exchange ideas, plan and determine the need for coordinated activities

5. Requesting cooperating agencies to report their mandated charge and the services they provide

To assist in this procedure, program abstracts of community services may be found in Appendix C.

System Development

In order to provide for a coordinated delivery system, an interagency committee on mental handicap should be formed to develop the system. The committee performs two distinct functions--coordination of planning and coordination of case services. Since the planning function may include policy making, members of the community usually represent agency administration. When case services are provided, members of the committee usually represent direct service personnel.

An interagency coordinating position (e.g., the Diagnostic and Resources System Coordinator) should be established by the school district. The responsibilities of the individual in this position should include coordinating the interagency committee and assisting the staffing committee in determining student placement and referring students to appropriate services.

For all functions to be included, a coordinated support system is required. The following model is offered as one option for the development of such a system. A particular community may have existing portions of the model which can be modified to carry out the necessary functions described.

Beginning at the student-teacher level, a school center team is formed to assist the special education teachers and/or parents of students with mental handicaps. The team may include the guidance counselor, principal, and other pupil personnel service professionals in the school (such as a psychologist, social worker, or health nurse) and the teacher of the particular student. The team's function is to recognize needs of certain students and take the next step in resolving that need. When students are identified as having needs which require outside services which cannot be met by existing school services (for example, family problems), the school center team will alert the appropriate agency or the interagency coordinator or refer the problem to the exceptional student staffing committee for review. Then, this committee will have the responsibility to make the necessary comprehensive evaluation, plan for instructional programming, and determine the need for support services.

A member of the exceptional student staffing committee or the interagency coordinator should be given responsibility and authority to represent the school system on the interagency mental handicap committee and to present student problems to the group for its review.

Membership on the interagency committee should be from all the human services agencies of a particular community. For the purposes of this model, it is suggested that the following basic service groups be included:

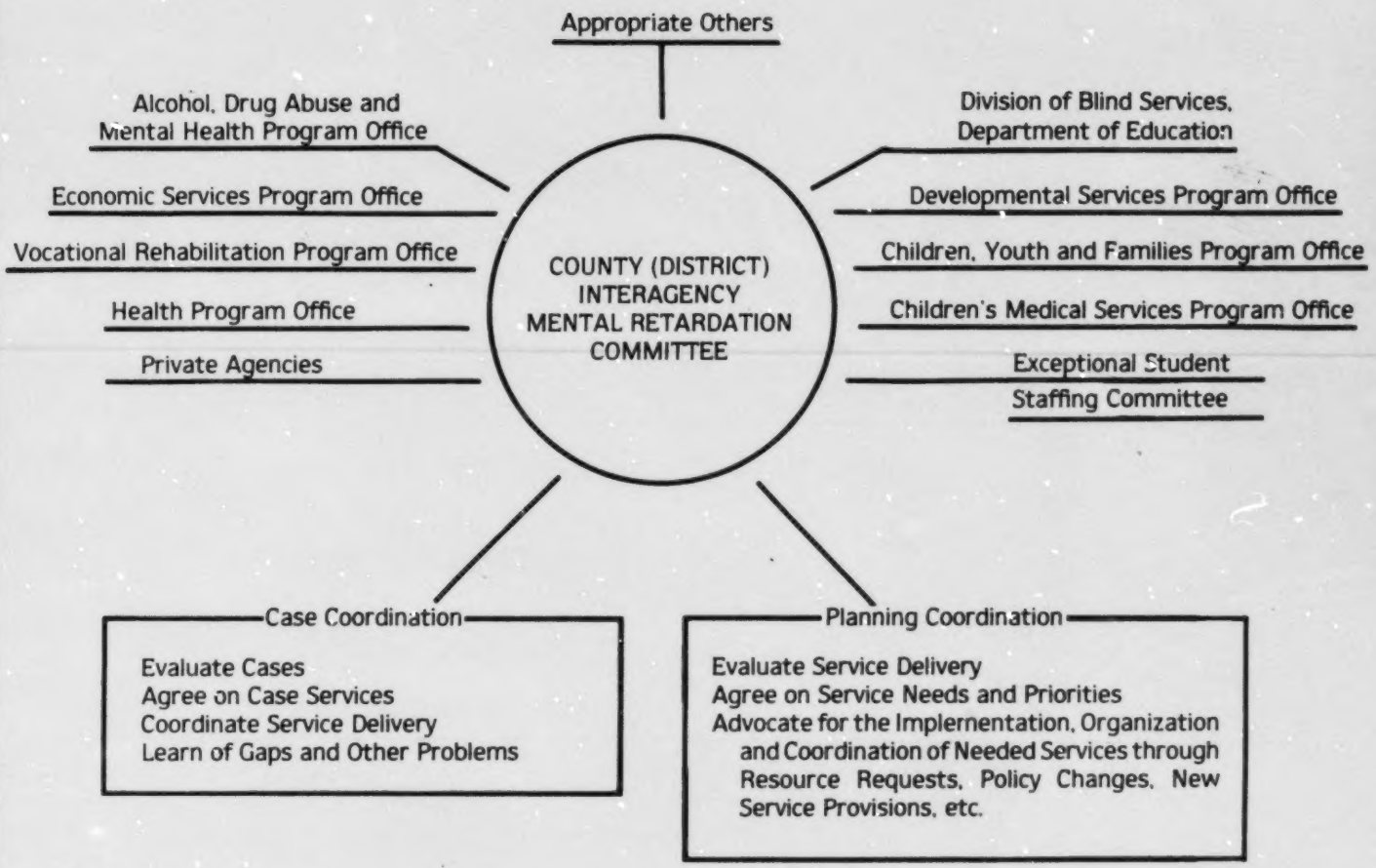
1. Exceptional Student Staffing Committee,
2. Children, Youth and Families Program Office,

3. Developmental Services Program Office,
4. Economic Services Program Office,
5. Health Program Office,
6. Alcohol, Drug Abuse and Mental Health Program Office,
7. Vocational Rehabilitation Program Office,
8. Division of Blind Services, Department of Education,
9. private agencies, and
10. others, as deemed appropriate to a particular community.

Since the functions of the county interagency mental handicap committee are case services and planning, the committee reviews those cases brought before it, assesses the needs in relation to services and resources within the community, and decides on a coordinated approach to assist the individual, family or school. As the services are carried out, gaps and duplications in service delivery are identified. Planning activities frequently culminate in recommendations to higher authorities, regional planning groups or state entities (Figure 2).

Figure 2.

STATE AGENCY — INTERAGENCY LINKAGES SYSTEM


Appropriate Others
Alcohol, Drug Abuse and Mental Health Program Office
Economic Services Program Office
Vocational Rehabilitation Program Office
Health Program Office
Private Agencies
COUNTY (DISTRICT) INTERAGENCY MENTAL RETARDATION COMMITTEE
Division of Blind Services, Department of Education
Developmental Services Program Office
Children, Youth and Families Program Office
Children's Medical Services Program Office
Exceptional Student Staffing Committee
Case Coordination
Evaluate Cases
Agree on Case Services
Coordinate Service Delivery
Learn of Gaps and Other Problems
Planning Coordination
Evaluate Service Delivery
Agree on Service Needs and Priorities
Advocate for the Implernentation, Organization and Coordination of Needed Services through Resource Requests, Policy Changes, New Service Provisions, etc.

APPENDICES

A. Requirements for Certification in Mental Retardation

B. Charts of Process Components of Program Model

C. Abstracts of Agency Programs

D. Chart of Graduation Options

E. State Steering Committee

Florida State Board of Education Regulations (SBER)
Section 6A-4.17(1)

6A-4.17 Exceptional child education (grades K-12). Certification in exceptional child education shall be shown in specific areas of disabilities as specified below:

(1) Specialization requirements for certification in mental retardation (grades K-12).

(a) A bachelor's or higher degree with a major in exceptional child education with specialization in mental retardation, or

(b) A bachelor's or higher degree with thirty-two (32) semester hours including the areas specified below:

1. Nine (9) semester hours including credit in each of the following:

a. survey course in the education of exceptional children

b. introduction to language development and speech disabilities

c. principles of human development or child and adolescent psychology

2. Nine (9) semester hours including credit in each of the following:

a. teaching of sequential developmental skills and concepts of reading at the elementary level

b. teaching of sequential developmental skills and concepts of arithmetic at the elementary level

c. materials for use with children such as children's literature, audio-visual materials and library materials

3. Two (2) semester hours in educational assessment including evaluative and instructional techniques for exceptional children to provide an objective data base for individualized instruction.

4. Three (3) semester hours from one (1) of the following:

a. nature study or life science for the elementary school

b. social studies to include conservation

c. health education and/or physical education for exceptional children

d. art for the elementary school

e. music for the elementary school

f. occupational and educational information

5. Nine (9) semester hours in separate or integrated specialized courses to include:

a. a course in the biological, psychological and sociological foundations of mental retardation

b. courses from:

[1] education of children and youth who are trainable mentally retarded including curriculum development, methods and materials

[2] education of children and youth who are educable mentally retarded including curriculum development, methods and materials

[3] education of youth who are mentally retarded including skills in basic home economics or industrial arts

(c) Certification in emotional disturbance or specific learning disabilities and completion of the nine (9) semester hours specified in area 5. above for certification in mental retardation.

Note: This is an excerpt covering specialization requirements. Other requirements which have to be met for full certification are covered in Sections 1-7. One quarter hour of college credit is equal to two-thirds (2/3) of one semester hour.

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PROCESS COMPONENTS IN PROGRAM MODEL

Appendix B

1.0 Case Detection

- 1.1 Locate learner with problems
- 1.2 Refer learner

2.0 Program Entry

- 2.1 Analyze learner problem
- 2.2 Determine eligibility

3.0 Intervention Assignment

- 3.1 Determine objectives
- 3.2 Select strategies
- 3.3 Specify resources
- 3.4 Match resources to strategies
- 3.5 Plan intervention assignment
- 3.6 Perform learner placement

4.0 Intervention Delivery and Monitoring

- 4.1 Implement individual educational plan (IEP)
- 4.2 Conduct short-term evaluation
- 4.3 Conduct long-term evaluation

5.0 Transition and Follow-Up

- 5.1 Transfer learner to new setting
- 5.2 Perform program change follow-up
- 5.3 Perform community setting follow-up

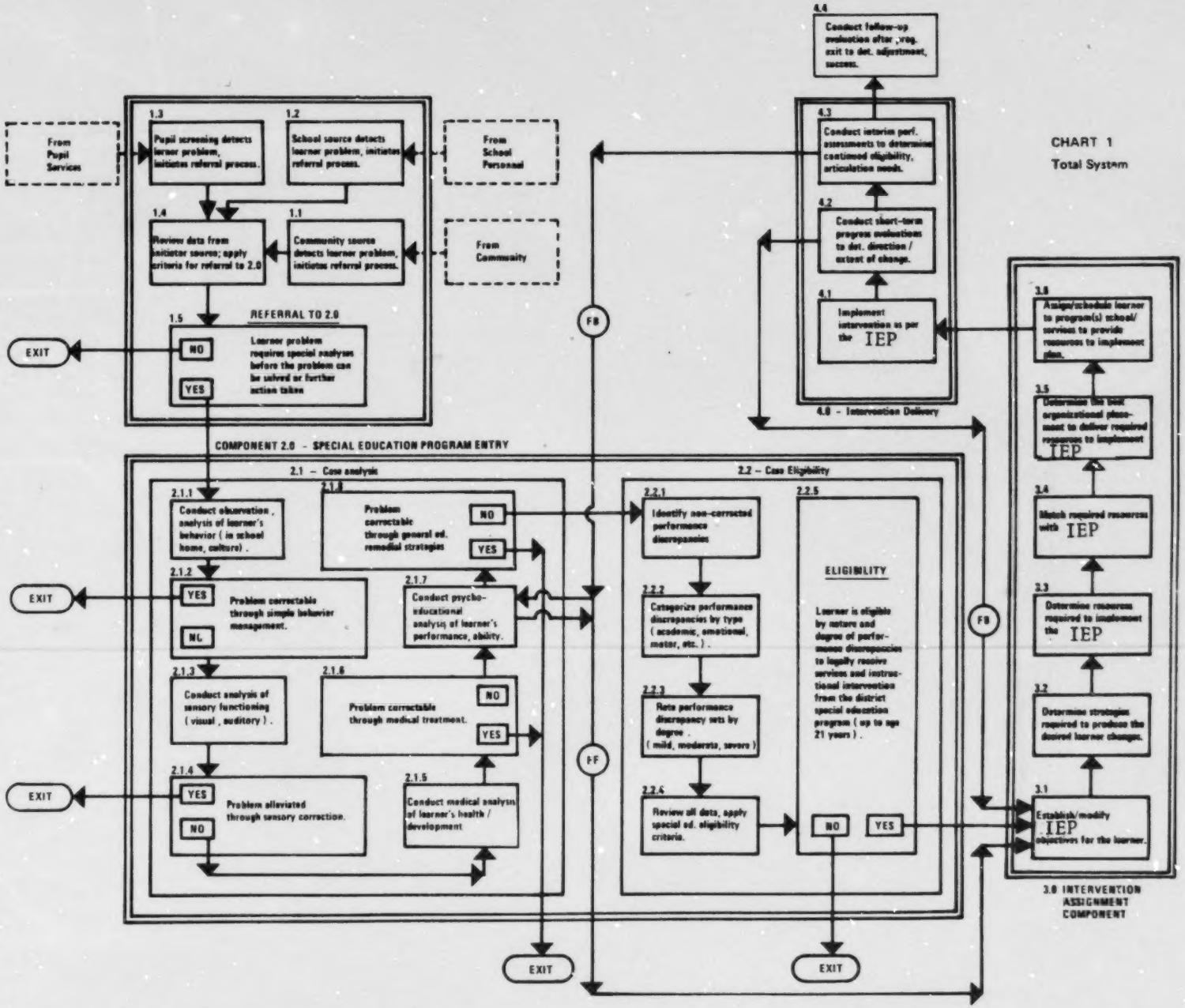
From Pupil Services
From School Personnel
From Community
1.3 Pupil screening detects learner problem, initiates referral process.
1.2 School source detects learner problem, initiates referral process.
1.4 Review data from initiator source; apply criteria for referral to 2.0
1.1 Community source detects learner problem, initiates referral process.
1.5 REFERRAL TO 2.0
NO
YES
Learner problem requires special analyses before the problem can be solved or further action taken
EXIT
COMPONENT 2.0 - SPECIAL EDUCATION PROGRAM ENTRY
2.1 – Case analysis
2.1.1 Conduct observation, analysis of learner's behavior (in school home, culture).
2.1.8 Problem correctable through general ed. remedial strategies
2.1.2 Problem correctable through simple behavior management.
2.1.7 Conduct psycho-educational analysis of learner's performance, ability.
2.1.3 Conduct analysis of sensory functioning (visual, auditory).
2.1.6 Problem correctable through medical treatment.
2.1.4 Problem alleviated through sensory correction.
2.1.5 Conduct medical analysis of learner's health / development
2.2 – Case Eligibility
2.2.1 Identify non-corrected performance discrepancies
2.2.2 Categorize performance discrepancies by type (academic, emotional, motor, etc.).
2.2.3 Rate performance discrepancy sets by degree (mild, moderate, severe)
2.2.4 Review all data, apply special ed. eligibility criteria.
2.2.5 ELIGIBILITY
Learner is eligible by nature and degree of performance discrepancies to legally receive services and instructional intervention from the district special education program (up to age 21 years).
FB
FF
4.4 Conduct follow-up evaluation after ,reg. exit to det. adjustment, success.
4.3 Conduct interim perf. assessments to determine continued eligibility, articulation needs.
4.2 Conduct short-term progress evaluations to det. direction / extent of change.
4.1 Implement intervention as per the IEP
4.0 - Intervention Delivery
3.6 Assign/schedule learner to program(s) school/ services to provide resources to implement plan.
3.5 Determine the best organizational placement to deliver required resources to implement IEP
3.4 Match required resources with IEP
3.3 Determine resources required to implement the IEP
3.2 Determine strategies required to produce the desired learner changes.
3.1 Establish/modify IEP objectives for the learner.
3.0 INTERVENTION ASSIGNMENT COMPONENT

CHART 1
Total System

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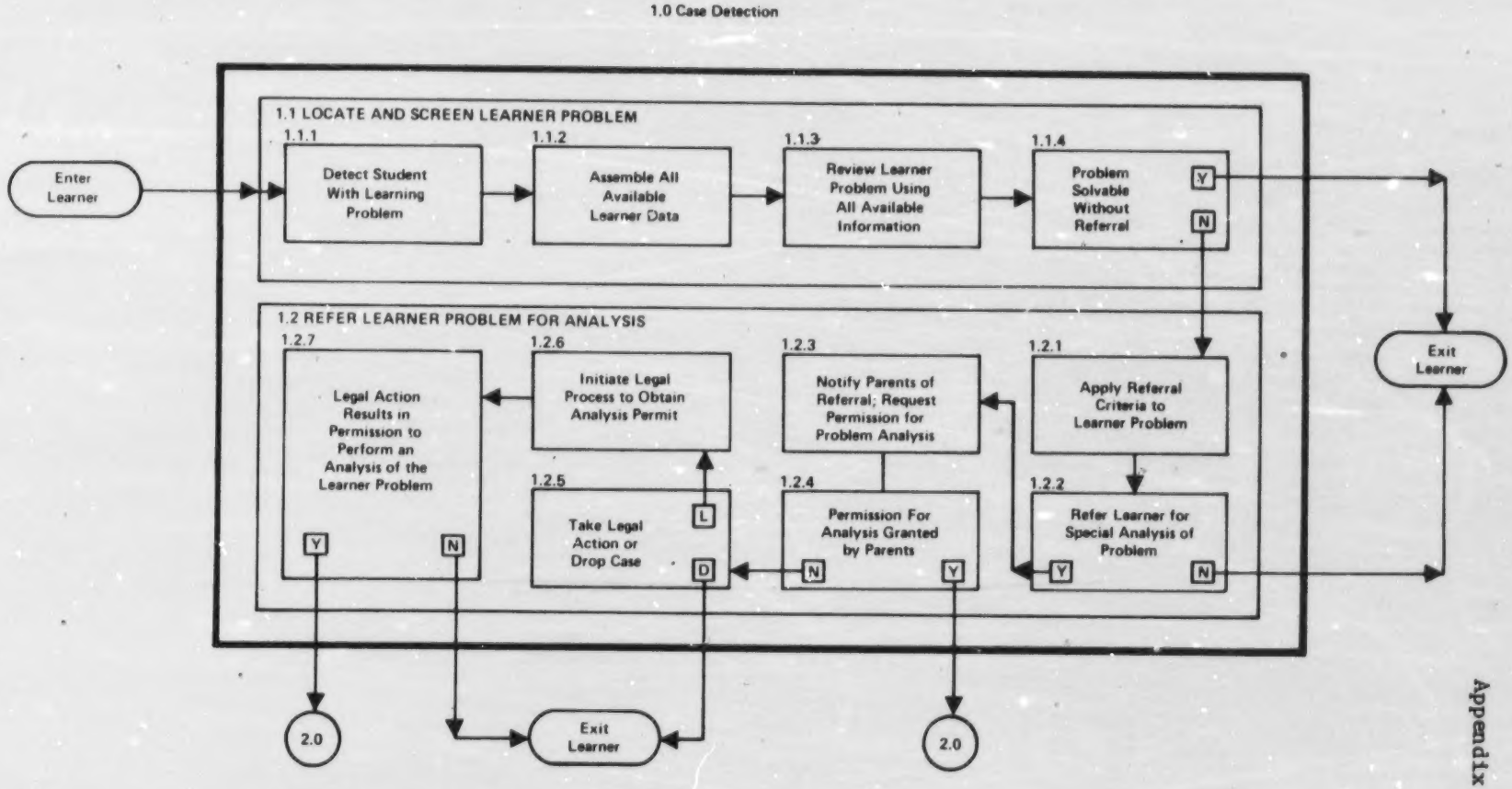

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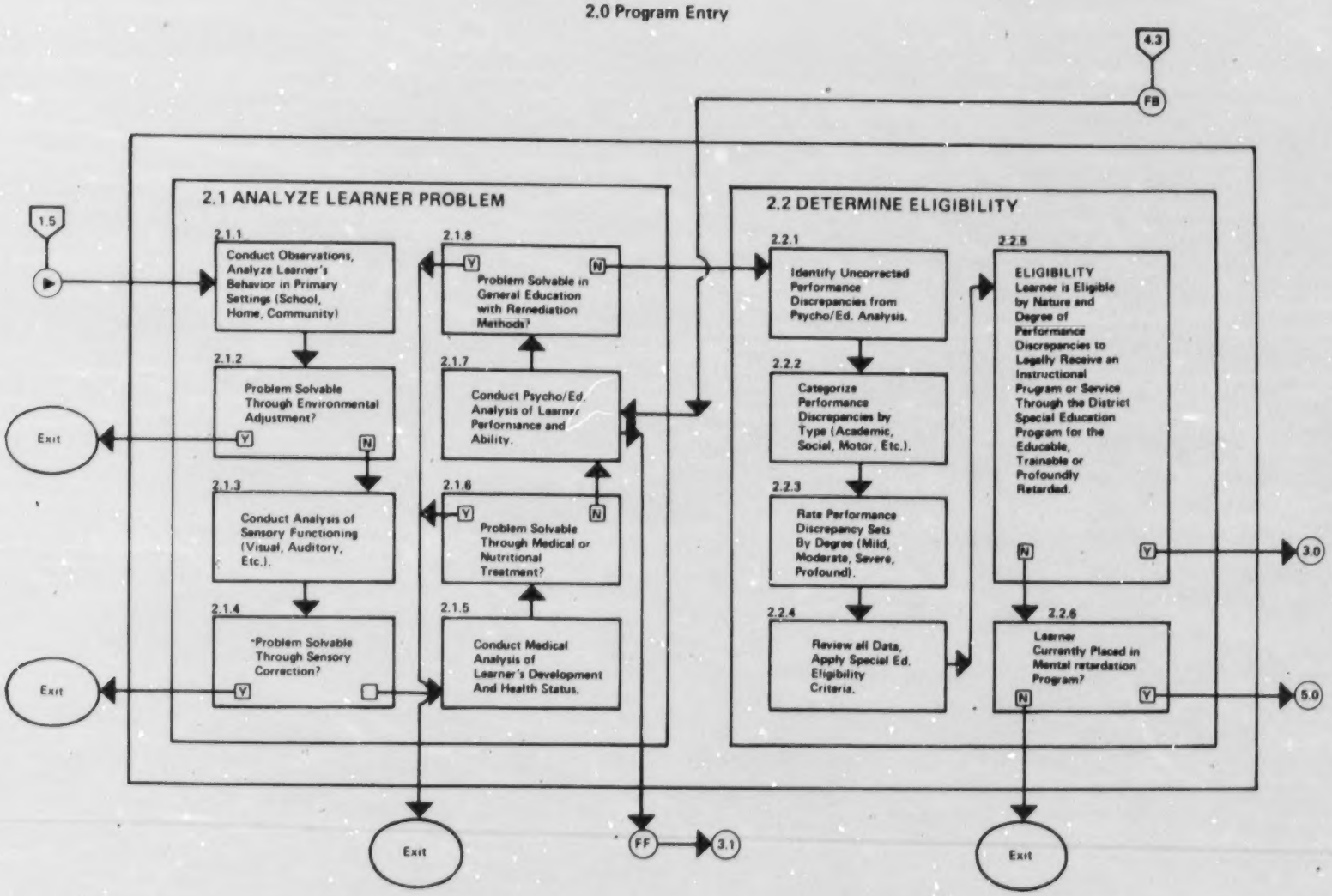

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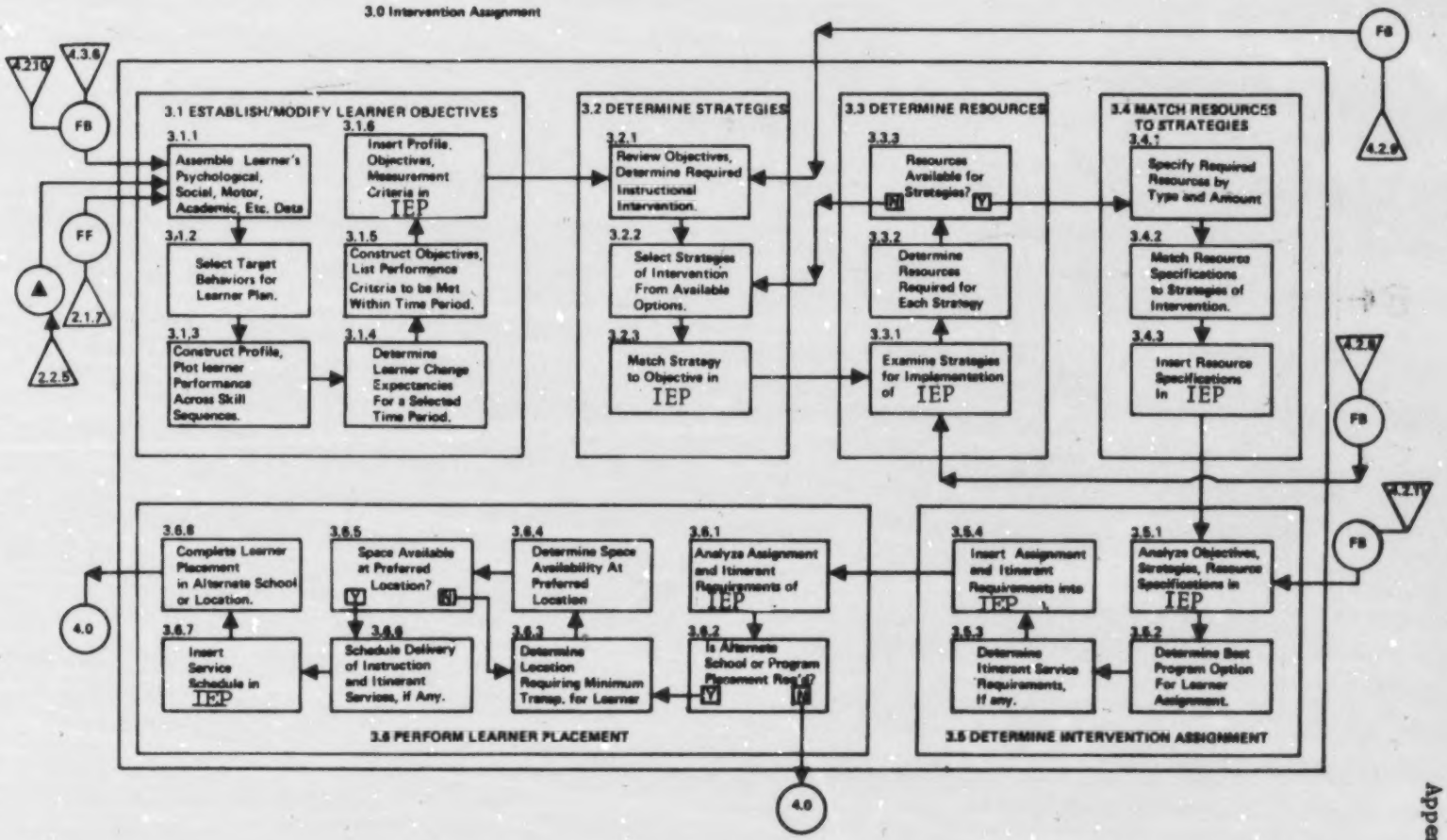

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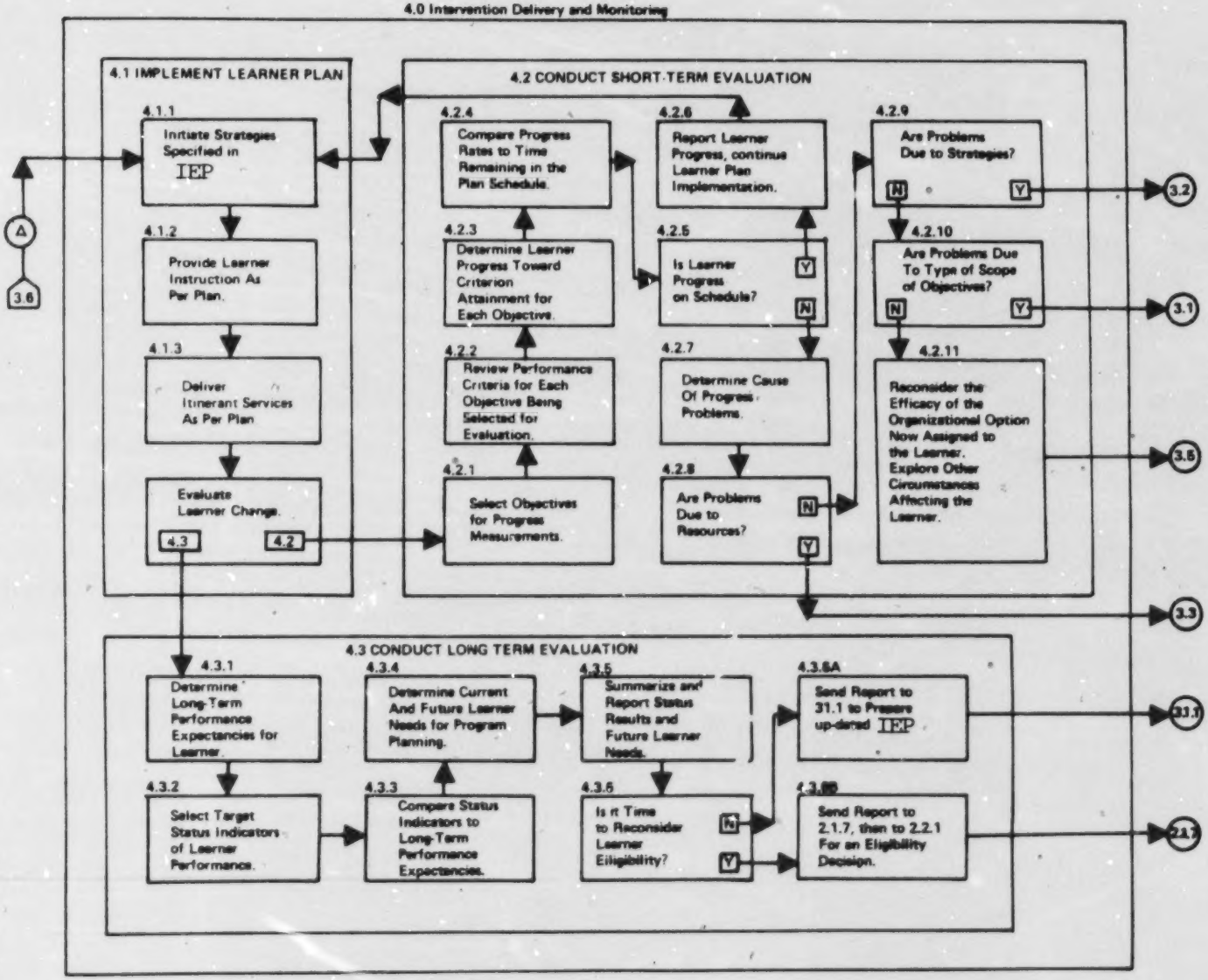

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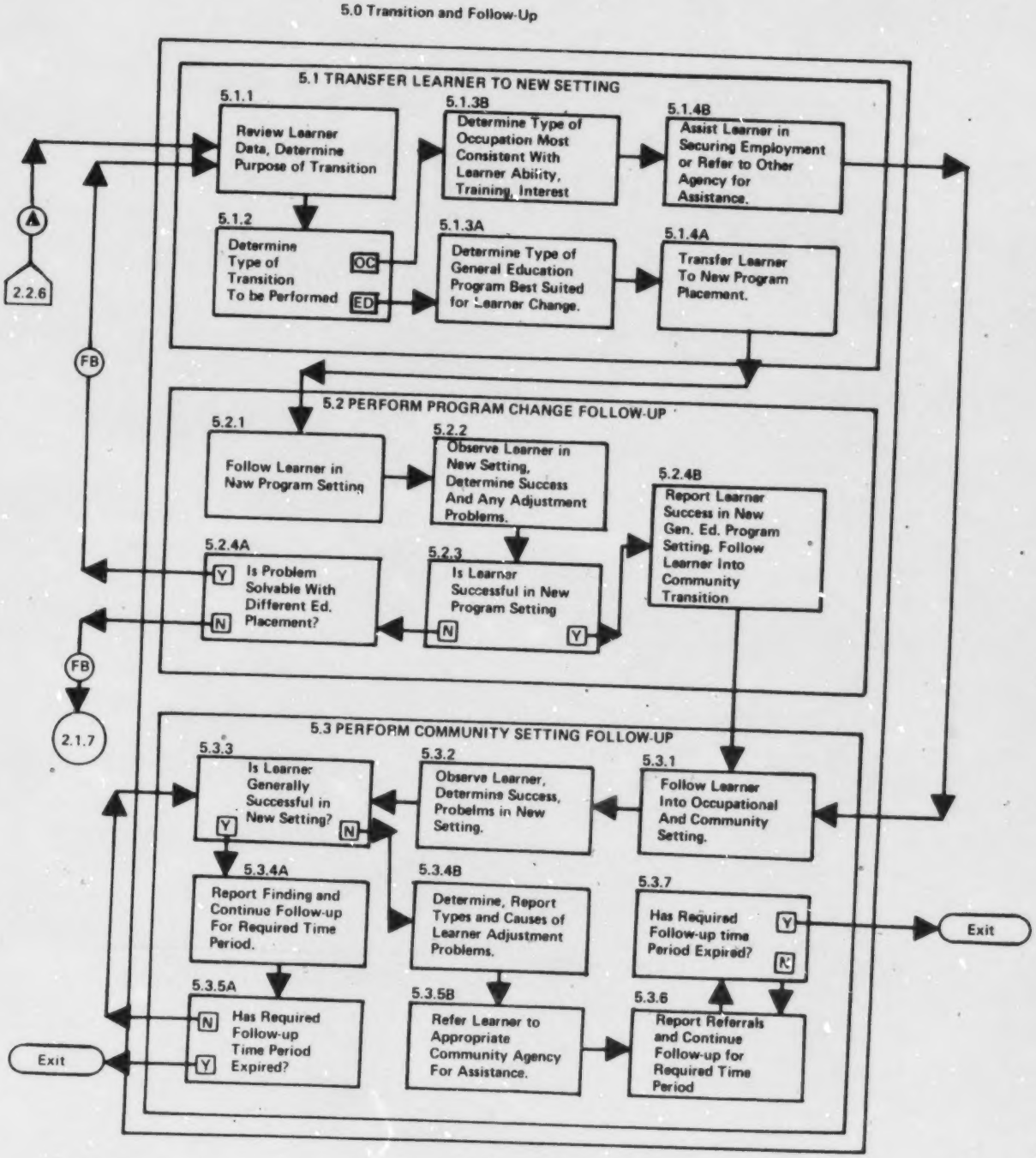
5.0 Transition and Follow-Up
5.1 TRANSFER LEARNER TO NEW SETTING
5.1.1
Review Learner Data, Determine Purpose of Transition
5.1.2
Determine Type of Transition To be Performed
OC
ED
5.1.3B
Determine Type of Occupation Most Consistent With Learner Ability, Training, Interest
5.1.3A
Determine Type of General Education Program Best Suited for Learner Change.
5.1.4B
Assist Learner in Securing Employment or Refer to Other Agency for Assistance.
5.1.4A
Transfer Learner To New Program Placement.
A
2.2.6
FB
5.2 PERFORM PROGRAM CHANGE FOLLOW-UP
5.2.1
Follow Learner in New Program Setting
5.2.2
Observe Learner in New Setting, Determine Success And Any Adjustment Problems.
5.2.4B
Report Learner Success in New Gen. Ed. Program Setting. Follow Learner Into Community Transition
5.2.4A
Y
Is Problem Solvable With Different Ed. Placement?
N
5.2.3
Is Learner Successful in New Program Setting
N
Y
FB
2.1.7
5.3 PERFORM COMMUNITY SETTING FOLLOW-UP
5.3.3
Is Learner Generally Successful in New Setting?
Y
N
5.3.2
Observe Learner, Determine Success, Probelms in New Setting.
5.3.1
Follow Learner Into Occupational And Community Setting.
5.3.4A
Report Finding and Continue Follow-up For Required Time Period.
5.3.4B
Determine, Report Types and Causes of Learner Adjustment Problems.
5.3.7
Has Required Follow-up time Period Expired?
Y
N
Exit
5.3.5A
N
Has Required Follow-up Time Period Expired?
Y
5.3.5B
Refer Learner to Appropriate Community Agency For Assistance.
5.3.6
Report Referrals and Continue Follow-up for Required Time Period
Exit

ABSTRACTS OF AGENCY PROGRAMS

The following abstracts* present a brief description of representative agencies involved in service delivery to the mentally handicapped. It is recognized that some of the agencies may not have the mentally handicapped as their major focus, but they are included in an attempt to display services as inclusively as possible. The abstracts included are:

- Florida Association for Retarded Citizens
- Florida Department of Education
  - Division of Public Schools
    - Bureau of Program Support Services
    - Bureau of Education for Exceptional Students
  - Division of Vocational Education
  - Division of Blind Services
- Florida Department of Health and Rehabilitative Services
  - Children's Medical Services Program Office
  - Economic Services Program Office
  - Health Program Office
  - Alcohol, Drug Abuse and Mental Health Program Office
  - Developmental Services Program Office
  - Vocational Rehabilitation Program Office
  - Children, Youth and Families Program Office
- Florida Project Head Start
- Representative District Programs in Florida
  - Escambia County Exceptional Student Program
  - Ridge Area Association for Retarded Children, Highlands County

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*The abstracts contained herein were authored by representatives of the specific agencies.

FLORIDA ASSOCIATION FOR RETARDED CITIZENS

The Florida Association for Retarded Citizens (FARC) is a nonprofit, voluntary, nongovernmental association of parents and friends of the retarded, and it is the only voluntary organization in Florida devoted solely to promoting the welfare of the mentally retarded of all ages. The association is dedicated to the service of all retarded persons regardless of degree or type of retardation or whether or not they attend public, private or religious schools, residential or day, or whether they reside at home, in the community, or in institutions. Florida's total population of retarded persons is approximately 250,000.

FARC has forty-three affiliated local units serving forty-four Florida counties, and it is also affiliated with the National Association for Retarded Citizens.

Through the local Associations for Retarded Citizens (ARCs), FARC provides a variety of programs and services for several thousand retarded persons. Included are: (1) preschool and day care centers; (2) specialized training facilities and sheltered workshop programs; (3) group homes, foster homes, private residential facilities; (4) prevention programs aimed at eliminating the causes of retardation; (5) parent counseling and training; (6) public informational programs; (7) citizen advocacy programs; (8) recreation, religious nurture, transportation; and (9) Special Olympics.

FARC operates a three-week residential camping program each summer which serves over 160 retarded individuals. It also provides liaison with appropriate governmental agencies and the Legislature in matters concerning the retarded.

FARC provides a program of advocacy, endeavoring to provide individual advocacy for the developmentally disabled by using paid VISTA volunteers, citizen volunteers, and local ARC staff coordinators. FARC is a source of information and referral for all in response to public and private requests.

FLORIDA DEPARTMENT OF EDUCATION

DIVISION OF PUBLIC SCHOOLS

Bureau of Program Support Services

The Student Services Section is involved in the total thrust of instructional and support services programming for mentally handicapped students. Programming includes services such as the utilization of the skills of school counselors, psychologists, social workers, and occupational specialists in working with students, as well as a variety of consultations with parents, teachers, and other educational personnel. Many educational purposes are accomplished through the implementation of career education concepts and involvement with implementation of the community school programs. This program is dependent on the coordination of many professionals in terms of a full use of a differentiated team approach.

Bureau of Education for Exceptional Students

Members of the staff of the Bureau of Education for Exceptional Students (BEES) provide consultative services for general program development of special education programs, as

well as specialized services in the various areas of exceptionality. Assistance is offered to local school systems through:

Consultant services in program planning and implementation, FEFP funding and facility needs.

Liaison with other divisions, sections, and bureaus of the Department of Education; other state agencies; private and voluntary organizations; matters relating to surveys, evaluations, and joint projects concerning exceptional students; and university personnel in matters relating to teacher education.

Planning and conducting state conferences, special study institutes, and workshops.

Participating in professional meetings at the national, state, and district levels.

Collecting, interpreting, and disseminating information.

Reviewing projects requesting federal and state funds for programs for exceptional students.

DIVISION OF VOCATIONAL EDUCATION

Effective vocational education for the handicapped depends on close cooperation between agencies providing vocational education, special education, and vocational rehabilitation. The Florida State Plan for Vocational Education, under Title II of the Vocational Education Amendments of 1976, provides cooperative arrangements or agreements with the state special education agency, the state vocational rehabilitation agency, or other state agencies having responsibility for the education of handicapped persons.

It is provided in federal legislation that a minimum of 10% of the base allocation of federal vocational education funds to the state of Florida be set aside for vocational education programs, services, and activities for the handicapped. State and local funds are combined with the federal funds in the provision of services to school districts, community colleges, and special state institutions in Florida.

The state administration of the vocational education program is decentralized and is provided by consultants in five regions. Overall consultative services and assistance are also provided by staff having statewide program responsibilities.

Activities at the local level include the evaluation of students' vocational interests and aptitudes, counseling, vocational training, supportive services, and job placement.

FLORIDA DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

CHILDREN'S MEDICAL SERVICES PROGRAM OFFICE

Children's Medical Services (CMS) is charged with the responsibility of identifying medically and financially eligible residents of Florida to age twenty-one who require specialized medical diagnosis, evaluation, and treatment for any chronic medical

condition which may hinder normal growth and development. The program's goal is to render the highest quality medical care to the needy young residents of Florida, provided that financial guidelines are met and are within the program's budgetary limitations.

The services provided by Children's Medical Services include: medical; surgery, anesthesia, medications; integrated services such as dental, speech, audiological, and psychological services; prosthetic devices and appliances; physical and occupational therapy; hospital and convalescent care.

CMS has clinic facilities and support staff located throughout the state to provide its services locally to those who need them.

ECONOMIC SERVICES PROGRAM OFFICE

Economic Services (ES) is charged with the task of administering social welfare programs throughout the State of Florida, utilizing federal and state funds, as well as serving as fiscal administrator for special federally funded programs.

Specific categories of clients served are: (1) aid to families with dependent children, (2) aid to the disabled, (3) aid to the blind, and (4) aid to the aging. The last three client groups receive financial maintenance through the Social Security Administration and social services food stamps and medical care through the ES programs. Additionally, the services include special programs in child welfare (i.e., protective services, child abuse registry, foster care, and adoption), commodity distribution, food stamps, Cuban refugee assistance, repatriated American assistance, medicaid, and the work incentive program.

The services of ES are available to all persons residing in the state of Florida who meet the eligibility requirements of financial need and/or age criteria. Regional offices have been established in each of eleven geographical areas in order to bring services within ready access to potential clients in their home community. Individuals, or community agencies acting on their behalf, who believe they are in need of services from ES may apply for such services at their local office.

PUBLIC HEALTH SERVICES PROGRAM

Public Health Services provides direct services to infants, children, and adolescents mainly through the county health departments (CHD's) in the sixty-seven counties. The role of Health Services primarily includes prevention, surveillance for disease and disability, case finding, and referral. "Secondary prevention" is accomplished in some counties by early intervention which may include treatment for certain selected conditions. Health Services operates under statutes which relate to the total population, without regard for socioeconomic level; however, as a result of tradition, practice and the requirements of various federal programs, the group most commonly served is the medically indigent, although services vary from district to district according to local facilities, capabilities, and attitudes of local medical and dental associations.

Programs and services include the following:

Child Health Section: Clinics at the county level for infants, children, and adolescents; well child supervision (growth, development, nutrition, immunization);

screening programs (vision, hearing, medicaid, newborn screening program for PKU); referral of patients with suspected or identified problems to other appropriate agencies; follow-up of referrals to other agencies; and treatment for minor health problems, in some counties.

School Health: In cooperation with the Department of Education and district school boards, provision of standardized school health records, screening services for vision and hearing and for other selected problems, consultation to school personnel on acute health problems, a resource for health education, direct services to students; and liaison between educators, local medical, dental, and other health professionals.

Bureau of Preventable Diseases: Immunization (infants and mandatory immunizations for school entry); investigation of reported illness or outbreaks; statewide surveillance for outbreaks of communicable diseases; and monitoring births for congenital malformations.

Public Health Nursing Section: Supervision, consultative, and advisory role for Public Health Nursing activities in CHD's throughout the state. Public Health Nursing is often the original point of contact between their agency and any other agency, governmental or voluntary, especially for the schools and school health services.

Health Education Section: Public education concerning health problems, and the need for early detection and proper treatment; help for patients and families in adjusting to chronic and other abnormal health conditions; provision of materials in a variety of media; maintenance of a large medical library and extensive audio-visual library on health subjects available for loan upon request to other agencies and responsible individuals; distribution of a catalog of films and a publication, Florida Health Notes, for the layman.

Nutrition Section: Educational and counseling services from state level personnel, especially regional and county-level nutritionists who provide nutritional guidance on a group basis or an individual basis; assistance with special diet prescriptions, child day care feeding programs; and resource for school health educators and school personnel.

Bureau of Maternal Health and Family Planning: Provision of services for women who cannot afford private obstetrical care (arrangement for hospital delivery, but not hospitalization costs); prenatal care (identification of existing maternal medical problems by history, physical and laboratory examination); preliminary counseling on genetic problems and referral to an outside authority when a serious problem is presented or suspected; counseling concerning family planning methods and provision of appropriate family planning services and follow-up needed.

Bureau of Adult Health and Chronic Diseases: Education concerning the prevention, early detection, and management of such chronic diseases as diabetes, cancer, rheumatic fever, hypertension, glaucoma, and kidney disease. The bureau provides a variety of screening programs for such conditions. It handles the program for distribution of anticonvulsant medications to epileptics who are under medical supervision and are financially unable to bear the cost of the needed drugs. It has a similar program for rheumatic fever, prophylaxis and insulin distribution.

ALCOHOL, DRUG ABUSE AND MENTAL HEALTH PROGRAM OFFICE

The following services are available in varying degrees in the mental health clinics and centers throughout the state.

Referral services: Clinic and center staff make apropriate agency referral of cases coming to their attention.

Diagnostic services: Major thrusts in a mental health evaluation include psychological, social, and psychiatric viewpoints, as indicated, in order to accurately assess a client's functioning. Such services may be a part of a screening program.

Outpatient services: Consists of a variety of techniques, including individual and group psychotherapy and chemotherapy. Patients who require a minimal contact with the clinic (about one to four hours per month) are placed on outpatient status.

Intermediate care services: Are provided as a therapeutic program for those persons who require less than 24 hours a day care, but more than outpatient care. Therapies employed include group and individual psychotherapy, occupational therapy, recreational therapy, and chemotherapy.

These services include day care and often extend to evening care, night care, weekend care, and semi-day care.

Inpatient services: Are 24-hour services for patients who require around-the-clock therapeutic environment. These may be provided in a community mental health center, a local general hospital, or a state mental hospital. Intensive treatment through group and individual psychotherapists, chemotherapy, milieu therapy, and often occupational and recreational therapy are provided.

Residential programs: Such as quarter-way or half-way houses which also provide a 24-hour therapeutic environment but of lesser intensity than inpatient services in a hospital setting.

Consultation services: To other agencies regarding the mental health needs of their clients and the mental health aspects of their programming.

Crisis Stabilization Program: An alternative to inpatient hospitalization which functions as a 24-hour, seven-day-per-week central receiving point for emergency services, crisis intervention, screening and evaluation, and residential services up to 96 hours.

Short-Term Residential Program: A short-term, intensive treatment program designed to serve acutely mentally disturbed clients for a maximum of 25 days in a setting which approximates as closely as possible a regular family or group dwelling. Program will provide medication, stabilization, and individual and group therapy. This program is an alternative to inpatient hospitalization services.

DEVELOPMENTAL SERVICES PROGRAM OFFICE

Services for mentally handicapped individuals in Florida are provided by the Developmental Services Program of the Department of Health and Rehabilitative

Services (DHRS). Services are provided through eleven service districts throughout the State. Each district has a Developmental Services Program supervisor who is responsible for the coordination of programs for retarded and other developmentally disabled individuals residing in the counties which make up the district. Services provided include residential care, developmental training and education, therapies, medical and dental treatment, respite care, parent training and family support, and transportation, when these services are not the responsibility of another governmental entity.

Referral and Eligibility Determination

Referrals for services are received by the Developmental Services social worker (case manager), who completes a preliminary review for eligibility and need and then refers the case to the Developmental Services Diagnosis and Evaluation (D & E) team in each district. Eligibility for services is determined by the D & E team on an individual basis. To be eligible for retardation services, an applicant must score below 70 on a standardized intelligence test and must also exhibit a deficit in adaptive behavior.

Under Florida law, individuals with cerebral palsy, epilepsy, or autism are also considered developmentally disabled and may be eligible for services under the Developmental Services Program. Children under five years of age who are considered at high risk of becoming developmentally disabled and individuals with other disabling conditions may also receive services. All services are subject to the availability of funds except residential care, which is available for retarded individuals only.

Planning and Providing Services

After an individual is seen by the D & E team, evaluation results and collateral data (along with input from parents and service providers) are used to complete a habilitation plan for the client. The habilitation plan is an individualized prescriptive plan which identifies client needs and authorizes the expenditure of funds to provide services to meet those needs. The Developmental Services case manager assigned to each client assumes responsibility for obtaining the services needed as identified on the habilitation plan. These needs are specified as goals on the habilitation plan.

Any service may be provided which meets a goal identified on the client's habilitation plan. Most nonschool-aged clients are provided with training and/or educational services designed to develop skills that will assist them in living as independently as possible. Training is provided to adults and preschool children through the Development Training Program (DTP), which is the core community-based program available under the Developmental Services Program. DTP's operate for 230 days per year and provide a minimum of six hours of programming per day. Developmental Training Program staff are required to develop IEP's or Individual Program Plans (IPP's) to implement the training goals for the client. Some DTP's also provide speech, physical, and other therapy services as needed.

Children zero to three years of age are more likely to be served by an infant stimulation program designed to provide early educational intervention in the life of the developmentally disabled or high risk child. Because of the age of the child and the emphasis on parent involvement, such programs are usually home-based, although the parents may come to a community-based center for training and special therapies needed by their child. The child is not eligible for these services in counties where public schools provide this education and training.

Residential Care

The Developmental Services Program provides parent training and other family support services to help the retarded person live in his or her own home with parents, relatives or guardians. When this is not possible, however, a continuum of residential placements is available to retarded individuals. This continuum includes foster and group homes, residential habilitation centers, Intermediate Care Facilities for the Mentally Retarded (ICF/MR's), and institutions called Sunland Centers. Chapter 393, Florida Statutes, mandates that the Developmental Services Program place clients needing residential care in the least restrictive environment, and community placements are always considered less restrictive than placement in a Sunland Center. Six Sunland Centers are currently operated by the Developmental Services Program, although two of the centers will be closing by 1984. As of April 30, 1982, there were 3,098 clients residing in the Sunland Centers.

A viable alternative to placement in a Sunland Center is placement in a community-based Intermediate Care Facility for the Mentally Retarded. An ICF/MR provides residential care, medical care, and all of the training and treatment needed by each client as specified on the habilitation plan. However, for school-aged children, primary educational services must be met by the public school system, with the ICF/MR providing follow-up supportive services.

Other Services

There are a number of other services that a retarded person may need in addition to living arrangements and training. The Developmental Services Program can evaluate the need for additional services and may provide speech, occupational and physical therapy, medical and dental care, transportation, and counseling, when these are not services mandated to be provided by public schools.

VOCATIONAL REHABILITATION PROGRAM OFFICE

The following services are provided by Vocational Rehabilitation:

Work-oriented facility: A rehabilitation facility with a controlled working environment and individual vocational goals which utilizes work experience and related services for assisting the handicapped person in progress toward normal living and a productive vocational status.

Sheltered workshop: A charitable organization or institution conducted not for profit but for the purpose of carrying out a recognized program of rehabilitation for handicapped workers and/or providing such individuals with remunerative employment and other occupational rehabilitation activity of an educational or therapeutic nature.

Work activity center: A workshop, or a physically separated department of a workshop having an identifiable program, separate supervision and records, planned and designed exclusively to provide therapeutic activities for handicapped workers whose physical or mental impairment is so severe as to make their productive capacity inconsequential. Therapeutic activities include custodial activities (such as activities where the focus is on teaching the basic skills of living), and any purposeful activity so long as work or production is not the main purpose.

Work evaluation: The process of client job tryout, work sample, collecting and appraising information on the disabled person's work history, education and physical condition for the purpose of determining employment potential. Performed by Vocational Rehabilitation counselors, but usually by work evaluators.

Personal adjustment training: Personal adjustment training includes any training given for any of the following reasons:

1. to assist the individual in acquiring personal habits, attitudes, and skills that will enable him to function effectively in spite of his disability,

2. to develop or increase work tolerance prior to engaging in prevocational or vocational training or being employed,

3. to develop work habits and orient the individual to the work world, or

4. to provide skills or techniques for the specific purpose of enabling the individual to compensate for the loss of a member of the body or the loss of a sensory function.

Prevocational training: Any form of academic or basic training given for the acquisition of background knowledge or skill prerequisite or preparatory to vocational training or employment where the primary occupational knowledge and skills are learned on the job. It may include training given for the purpose of removing an educational deficiency which interferes with the fullest utilization of the occupational knowledge or skills already possessed by a disabled individual.

Vocational training: Systematic, planned instruction to qualify for private employment in the trade or occupation in which training was received.

Extended employment: Work performed by a patient or client in a sheltered workshop or similar rehabilitation facility over an extended period of time. The client or patient working in this capacity usually has not yet achieved a work adjustment and/or rate of activity adequate for competitive employment.

CHILDREN, YOUTH AND FAMILIES PROGRAM OFFICE

The Youth Services Program Office of the Department of Health and Rehabilitative Services has the following mission and objectives.

1. To protect society more effectively by providing methods of training and treatment directed toward rehabilitation of children who violate the law as an alternative to retributive punishment.

2. To assure provision, preferably in each child's own home, of the care, guidance, and control conducive to the child's welfare (and in the best interests of the state) to all children brought to the attention of the courts as a result of their misconduct.

3. To assure that a child removed from the control of his/her parent shall receive the most appropriate care, custody, and discipline that can be achieved within budgeted resources. This care, as nearly as possible, should be equivalent to that which should have been given to the child by the parent.

4. To provide procedures for executing and enforcing the law which will assure all parties fair hearings at which their rights as citizens are recognized and protected.

5. To socialize or resocialize youthful offenders in a variety of community-based programs which provide services within a framework of appropriate and reasonable control and which accentuate community involvement, volunteer use, and limitations on inappropriate penetration of the criminal justice system.

6. To remain abreast of current research and innovative development in other states and, through the maintenance of a statistical data system, to inform the state's elected official legislators, press, and general public on juvenile delinquency problems and programs as they may so request.

The Youth Services Program Office is responsible for the following when the activities relate to delinquent youth.

1. Identification of clients' needs

2. Intraprogram policy development

3. Short-term and long-term intraprogram planning

4. Intraprogram standards setting, monitoring, and quality control

5. Intraprogram staff development, training, and technical assistance programs

6. Advising the Assistant Secretary for Program Planning and Development and others within the Department, upon request, on issues within their areas of substantive expertise

7. Acting as liaison, when assigned by the Assistant Secretary for Program Planning and Development, to other governmental agencies and the public on programmatic issues

8. Developing state program plans

9. Developing resource forecasts and working within the state on community resource development

10. Quality control

11. Statewide supervision of the administration of service programs

12. Any other program planning and development duties assigned by the Secretary

The eleven districts of the Department of Health and Rehabilitative Services operate four major institutions as well as many community-based residential and nonresidential alternatives for social rehabilitation of socially maladjusted youth.

The major goal of the education program is to provide academic and vocational competencies related to the social and occupational skills needed by the individual contributing citizen. Educational services are provided by a public school district or community college.

FLORIDA PROJECT HEAD START

The Head Start program is a federally funded, comprehensive child development program for preschool children aged 3 to 5 years. The program is administered by the Office of Child Development (OCD), Department of Health, Education and Welfare. Of the approximately 12,000 children enrolled in Florida's 35 individual Head Start programs, 10% are required to be handicapped children by virtue of a 1972 Congressional mandate. Programs enroll and serve eligible children having the following exceptionalities: blindness, visual impairment, deafness, hearing impairment, physical handicap, health or developmental impairment, speech and language disorders, mental retardation, and emotional disturbance.

The Head Start program contains five major service components: education, health, nutrition, social services, and parent involvement. The program is based on the premise that all children share certain needs and that children, particularly those of low income families, can benefit from a comprehensive developmental program to meet those needs.

The overall goal of the Head Start program is to bring about a greater degree of social competence (i.e., effectiveness in dealing with both present environment and later responsibilities in school and life) in children of low income families. Eligibility for program participation is based on income level, although programs are permitted to provide up to 10% of their services to children of families above the eligibility income level. Families of handicapped children must meet these same eligibility requirements.

REPRESENTATIVE DISTRICT PROGRAMS

ESCAMBIA COUNTY EXCEPTIONAL STUDENT PROGRAM

Services for the mentally retarded are provided through the exceptional child education program of the Escambia County public school district.

General Objectives

1. To assist each mentally retarded child in becoming less dependent on others and, hence, more independent within a framework of recognized limitations.

2. To provide sequential programs of instruction for students (K-12) with intellectual disabilities, including opportunities to develop motor, auditory, visual, and associational skills; language arts and arithmetic computational skills; social learning skills; and to assess occupational potential.

In accordance with State Board of Education Rules, parents of retarded children who are eligible for public school placement are given the following information: (1) their child's educational level, (2) their child's limitation of mental ability, and (3) the educational program recommended for their child. Parents are given the opportunity to accept or reject the recommended special education placement under due process provisions.

RIDGE AREA ASSOCIATION FOR RETARDED CHILDREN

Services for the mentally retarded and his family are provided by the Ridge Area Association for Retarded Children.

General Objectives

1. To serve the retarded and his family regardless of the degree of handicap, race, religion or economic status; whether at home, in the community, at school, or at an institution.

2. To procure services needed, and, where not served, to provide.

Case Finding

Referrals are made to appropriate agencies upon inquiry. When new people in the community are observed who may be potential clients, efforts are made to contact them for expression of interest or need.

Education and Training

For those clients not ready or willing to use public school services or direct services offered by the ARC, efforts are made to develop home training programs appropriate to the need.

Developmental training is a community class open to preschool handicapped and school-age handicapped excluded by virtue of ability levels.

Activity centers and sheltered workshops offer opportunities for postschool-aged adults, with emphasis on prevocational skills, personal and social adjustment, and self-help communication skills.

Vocational

Minimal services are available in training for job placement. The ARC facility offers limited sheltered employment.

Recreation

A strong camping program includes overnight experience for all retarded who can benefit from the opportunity; day camp, coordinated by the ARC, is an extension of the public school program for trainable students. Residential camping is by sponsorship to FARC camp.

Special Olympics, which includes a large participation of public school and association clients, is coordinated by the ARC.

Day Care

Day care is provided for a small number of clients who are unable to participate in an active training program.

Equal Protection

The ARC has served as the advocate for the retarded in the community with public and private agencies in a wide range of need.

Public Information

The ARC serves in the community as a source of information, interpreting the needs of the retarded to the public and identifying and educating for public acceptance, understanding and support.

REQUIREMENTS FOR DIPLOMAS AND CERTIFICATES

Type of Graduation	Regular State Standards for Basic Skills and Functional Literacy	Special State Prescribed Standards for Exceptional Students	District Prescribed Credits for Graduation	Other District Requirements for Graduation
Standard Diploma	X		X	X
Certificate of Completion (for nonexceptional students only)			X	X
Special Diploma		X	X	X
Special Certificate of Completion			X	X

Exceptional students may be eligible to receive a standard diploma if they meet all requirements, a special diploma if they meet only the special requirements, or a special certificate of completion if they meet district but not state requirements.

A student is considered to have graduated when awarded a standard or special diploma. Any subsequent educational programs would be through adult or community education, vocational/technical schools, and the like.

A certificate of completion or a special certificate of completion is not considered high school graduation.

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Topical Manuals

___ Volume III-A: Individual Educational Programs, 1980.

___ Volume III-B: Evaluating the Non-English Speaking Handicapped, 1982.

___ Volume III-C: Mediation and Due Process Procedures, 1982.

___ Volume III-D: Maintaining Education Records of Pupils and Adult Students, 1982.

___ Volume III-E: Alternative Communication Systems for Non-Vocal Students, 1982.

___ Volume III-F: Electronic Communication Devices for Visually Impaired Students, 1982.

___ Volume III-G: Alternative Delivery Systems for Homebound/Hospitalized Students, 1982.

___ Volume III-H: Supplement User's Guide AAMD ABS-PSV, 1981.

___ Volume III-I: Computer Assisted Instruction and Support for the Handicapped: Interim Report, 1982.

___ Volume III-J: Interagency Service Plans for the Profoundly Mentally Handicapped, 1983.

Training Manuals

___ Volume IV-A: Training Manual for School Bus Drivers Transporting the Handicapped, 1982.

___ Volume IV-B: A Training Manual for Teachers of the Homebound/Hospitalized Student, 1980.

___ Volume IV-C: A Training Manual for the Development of a Home/School Information System, 1983.

___ Volume IV-D: Educating Parents of Emotionally Handicapped Students, Part 2: An Annotated Bibliography, 1983.

___ Volume IV-E: Management of Eligibility and Placement Processes, 1983.

Curriculum Planning Resources

___ Volume V-A: Curriculum Planning Resource Manual for Developmental Skills and Communication Skills; Hearing Impaired: Deaf and Hard of Hearing, 1977.

___ Volume V-B: MODELL: Music or Drama to Enhance Language Learning, 1982.

___ Volume V-C: Affective Curriculum for Secondary Emotionally Handicapped Students, 1983.

___ Volume V-D: Techniques of Precision Teaching,
Part 1: Training Manual, 1983.
Part 2: Math Basic Skills Curriculum, 1983.
Part 3: Reading Basic Skills Curriculum, 1983.

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